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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

KING'S COLLEGE HOSPITAL.

TREATMENT OF VARICOSE VEINS BY LIGATURE AND SUBCUTANEOUS INCISION.

Under the care of H. LEE, Esq.

HENRY M., aged 40, a pensioner, was admitted under Mr. Lee's care, for the first time, on February 18th, on account of a varicose condition of the saphenous vein and its branches. There was then a considerable enlargement of the branches of this vein below the right knee, for which he had been under treatment, by means of mechanical applications, for about six months, but without benefit. The infirmity occasioned by the enlarged veins had necessitated his discharge from the army. On the 21st, Mr. Lee passed four needles under the vein below the knee, and enclosed it in ligatures; and, on the 25th, he divided it in two places by subcutaneous incision between the needles. The needles were withdrawn on the 27th. The patient was able to walk about on the following day; and, on March 2nd, he was discharged from the hospital.

He commenced immediately to exert himself a good deal. Another part of the vein higher up now began to enlarge; and a large varix was formed, the skin over which was so tense, and the vein so full of blood, that it was feared it would give way. He accordingly reapplied for admission; and, on March 9th, Mr. Lee passed three needles under the enlarged vein, which he divided subcutaneously in two places, between these points, on the 11th. The needles were withdrawn on the 13th; and, on the next day, the man began to walk about, but was sent to bed again as a precautionary measure. The part of the vein included in the operation seemed quite closed by coagulum; the varix was quite flaccid, and the skin loose.

It should be mentioned, that a bandage was at first applied, in order to accustom the deeper veins to the increased flow of blood that would follow the obliteration of the saphena.

REMARKS. This case is reported to show the extreme rapidity and painlessness of the treatment pursued. The great relief which it affords (for the time, at least) can only be estimated by seeing the patient before and after the operation has been practised. It also shows that a return of the disease, in some neighbouring portion of the vein, is apt to occur, especially after a too speedy exposure to hard labour. This, however, is seldom or never so severe as the original complaint, and is easily treated in the same manner.

ST. MARY'S HOSPITAL.

I. OVARIAN CYST INJECTED WITH IODINE.

Under the care of I. B. BROWN, Esq.

MR. BAKER BROWN operated recently on a case of ovarian cyst. The patient was 40 years of age, unmarried, and had been the subject of this disease for a long time. The cyst had been tapped some years ago, and had since remained in a quiescent state, but had recently enlarged with some rapidity; and the weight caused her annoyance. It appeared to be of the unilocular form, and there was no tension of the abdominal parietes. The case seemed in all respects one in which treatment afforded a very good prospect of cure. The first proceeding was to evacuate the contents of the cyst. This was done by tapping with a large trocar in the left semilunar line, in the recumbent and semiprone position. This is Mr. Brown's usual practice, and is recommended in his work on the subject. It has the advantage of exposing the patient less to the risk of syncope, of requiring none of the cumbrous appliances of bandages, etc., round the abdomen (atmospheric pressure being sufficient to produce gradual evacuation of the contents), and of ensuring a more complete emptying of the sac by changing the position of the patient as it may be necessary. Sixteen and a half pints of fluid, not containing much albumen, were obtained; and the parietes of the abdomen thus left quite flaccid and concave. Then six ounces of the strong Edinburgh tincture of iodine, undiluted (three times as strong as the ordinary tincture), were injected, and left in. The precaution was taken of turning the patient over on her side again, in order to see that none of the tincture would run out; and therefore that the sac had not been over filled. This application did not seem to produce the slightest pain or inconvenience at the time. Iodine was detected in the saliva five minutes after the operation. Severe vomiting ensued, and continued all night, accompanied by considerable prostration, requiring the frequent administration of stimulants. All the secretions (vomit, urine, saliva, etc.) contained iodine in large quantity. She suffered much for some days from weakness, loss of appetite, and pain in the abdomen; but, when last seen, on March 17th, she was rapidly recovering. The secretions (for the first time) were free from iodine; the expression was tranquil; she could bear deep pressure on the parietes of the abdomen (which were quite flaccid) without any particular inconvenience; and was quite free from fever. The tongue, however, continued much coated.

II. OPERATION FOR VESICO-VAGINAL FISTULA.

Under the care of I. B. BROWN, Esq.

Mr. Brown also operated again on the case of vesico-vaginal fistula, previously reported in this JOURNAL, pp. 146 and 165. The rent had been considerably diminished by the previous operation. The same method was again followed, viz., that of Dr. Boseman, four wires being passed through the cleft, and secured by means of perforated shot on a silver shield. When she was last seen (seventh day after the operation), no water had passed through the wound.

The operation for ruptured perinæum, reported at p. 165, has not succeeded. The wound went on well for two days, then assumed a sloughy aspect, coincident with the appearance of the catamenia out of their usual course. Menstruation has continued rather profusely ever since; the slough has not yet separated, but it is plain that the posterior part of the wound will not unite.

SAMARITAN HOSPITAL.

OPERATION FOR VESICO-VAGINAL FISTULA.

Under the care of T. SPENCER WELLS, Esq.

MR. SPENCER WELLS operated, on March 11th, on a case of vesico-vaginal fistula, which had before been the subject of frequent operative proceedings. The cleft on this occasion was large enough to admit the end of the finger, and presented the formidable complication of being formed in great part by the uterus itself. There had been great loss of substance, and there was a fissure also on the anterior part of the uterus. The operation consisted in refreshing the edges of the cleft, paring off a portion of the mucous membrane from the cervix uteri, and laying the parts in apposition by means of a hare-lip suture, three pins being passed through the substance of the refreshed edge, so as not to involve the bladder. Thus the edges of the vaginal portion of the cleft were in part applied to the refreshed surface of the uterus. The pins were covered below with cotton wool, and collodion painted over the edge of union.

ST. GEORGE'S HOSPITAL.

CONGENITAL FISSURE IN THE HARD PALATE.

Under the care of G. Pollock, Esq.

A rare form of congenital defect of the palate has been operated on by Mr. Pollock at St. George's Hospital. The patient was a young female. There was a small perforation in the posterior part of the hard palate, situated in the middle line, and divided into two parts by a thin strip of the mucous membrane of the mouth bridging over the fissure. The uvula also was bifid, and the left segment adhered to the edge of the soft palate near the tonsil, producing a very singular appearance. The chief inconvenience which resulted from the defect in the hard palate, was that distinct speech was much interfered with by a sort of whistle produced by the passage of air through the small hole at each utterance. The operation was not very difficult; the edges of the cleft were pared, and the surrounding mucous membrane was dissected up and united across the cleft; tension being obviated by lateral incisions. Two sutures were then passed through the flaps, and a stout piece of silk through the lateral incisions, from one to the other behind the flaps, partly to press the latter together, but also and mainly to prevent the too speedy union of the incisions, which often occurs before union is completed, and produces tension on the wound.

Remarks. It may be observed that Mr. Pollock usually adopts the plan of freeing the mucous membrane from the hard palate by dissection carried on from the lateral incisions towards the cleft. This is not only more easy to do in the majority of cases, but has the important advantage of leaving a perfectly fresh and uninjured edge, when the latter has been pared. If the dissection is carried on from the cleft outwards, it is difficult to avoid bruising the edges which are to be united, and which are thus, of course, rendered more liable to slough.

ST. BARTHOLOMEW'S HOSPITAL.

NECROSIS OF THE FEMUR.

Under the care of E. Stanley, Esq.

[*From Notes by* E. Barker, Esq., *House-Surgeon.*]

At St. Bartholomew's Hospital, Mr. Stanley operated again upon the case of necrosis of the lower end of the femur, mentioned at page 102. There was still some dead bone in the outer part of the femur, and a sinus existed, from which the probe passed into the shaft and touched dead bone. The present operation consisted in making an incision of four inches in length on the outer side of the limb, and removing part of the outer wall of the bone with a fine saw, when some pieces of necrosed bone were readily found and removed. Two of the pieces measured two inches each in length, and there were many smaller. The operation was very long and tedious, and the patient was kept under chloroform for an hour and a half, but there was no considerable hæmorrhage. A good deal of sickness followed this protracted exhibition of chloroform. The result of this case will be given at a future time.

CITY DISPENSARY.

CONTRIBUTION TO THE PATHOLOGY OF INTRATHORACIC CANCER.

By John Cockle, A.M., M.D., Physician to the Dispensary; and to the Margaret Street Dispensary for Consumption, etc.

In a paper, published in the Association Medical Journal for November 3rd, 1854, I endeavoured to point out the occasional difficulty of diagnosis characterising some forms of intrathoracic cancer. The case reported was one of nodulated cancer of the lungs. The intervening parenchyma being healthy, and the signs of pressure absent, no physical phenomena, during life, revealed the character of the disease. The present contribution illustrates the difficulty of differential diagnosis, even when well marked physical changes lent their aid to the physical investigator.

Mary Firmin, aged 26, of healthy family, was admitted under my care June 28th, 1856.

Previous History. She has felt pain in the lower part of the left side, occasionally, since her marriage, five years ago. There is reason to believe that a blow was received on the side about this period. At Christmas, she began to suffer from shortness of breath. For the last four months, the dyspnœa and pain have been greatly increased; the latter extending to the epigastrium, and passing backwards between the shoulders. She is, in addition, troubled with cough, attended with thick yellow expectoration. Blood has never been observed in the sputa. At the commencement of this period, she was compelled to keep her bed, and could lie only upon the right side. At the end of a fortnight, she was enabled to resume her domestic duties. She suffered subsequently several relapses, which confined her to her bed, and from which she again partially recovered. She has so continued to the date of admission.

Present State. The patient does not suffer so much from the pain in her side, but feels her breath very short. She complains of pain in the back of the neck; she coughs a great deal, and expectorates yellow phlegm; suffers from palpitation, and feels her heart beating upon the right side; feels sick in the morning; perspires at night, and feels very faint; considers she is decidedly losing flesh. The bowels are regular, and there is diuresis. The catamenia are generally regular, and upon the last occasion were profuse; there is no swelling of the ankles. She can now lie only upon the right side.

Inspection. She is of short stature, somewhat thin, of fair complexion, with light-coloured hair. There is no great action of the nares during respiration. There are observed to be distension of the cervical veins, and pulsation of the right jugular immediately above the clavicle; as well as distension of the mammary veins at the axillary line, more marked upon the left side. The heart pulsates upon the right side between the second and third ribs down to the right nipple. There is marked fulness of the left mammary region, and apparent contraction at the left base, anteriorly and laterally. There is a blister mark under the clavicle. The respirations are 38 per minute, exaggerated in type.

Palpation. The cardiac impulse is absent over the normal site, and the normal fremitus is absent over the left side. Pulse 108, small, weak, regular, equal in both wrists.

Percussion. There is marked dulness from below the left clavicle over the left side, anteriorly, laterally, and posteriorly, excepting at the upper and vertebral angle of the scapula. The dulness passes the median line anteriorly towards the right.

Measurement. Three inches below the nipple, the right side measures 14¼ inches, the left 13¼; above the nipple, the right side measures 15¼ inches, the left 16.

Auscultation. No respiratory murmur is audible over the left side, with the exception of somewhat hoarse murmur immediately below and above the left clavicle, and at the upper and vertebral angle of the scapula. No ægophony is heard. Upon the right side, laterally and posteriorly, exaggerated blowing respiration is heard. The maximum of the heart's sounds is over the site of visible impulse; these sounds are normal, and unattended by murmur.

July 4th. There were dyspnœa, and cough with scanty yellow expectoration. The patient lay upon the left side, and had a distressing sensation of the heart beating upon the right side. Last night, the lower part of left side seemed swollen. The kidneys act freely. The patient has pains in the neck, ascending to the face. The pulse, respiration, etc., and physical phenomena, are unchanged.

July 8th. Dyspnœa has increased; the cough is relieved; there is no expectoration. The patient complains of pain in the chest. Dorsal decubitus. Respirations 40; pulse 120, small and weak; perspirations.

July 11th. Dyspnœa is increased; the cough is still less; the decubitus is left-sided or dorsal. The kidneys do not act so freely. Friction sound is heard at the inferior part of the left side; the breath-sound is somewhat more distinct at the spine. About this period, the patient suffered severe relapse, with increase of dulness and perfect absence of respiratory murmur in the clavicular and postero-superior region.

Some few weeks subsequently, the patient was admitted into St. Thomas's Hospital, under the care of Dr. Risdon Bennett. This physician thought it advisable, in order to clear the diagnosis, to recommend an exploratory puncture in the ordinary site of empyema. A small quantity of blood alone escaped; shortly afterwards, an oblong diffused tumour appeared in the left axilla; and now Dr. Bennett felt confirmed in the suspicion, that the case was one of malignant growth.

The patient again came under my notice on October 24th. The symptoms were steadily progressive, and the following phenomena were then accurately noted.

Inspection. Emaciation is general; the face is flushed; a large distended vein runs down the forehead. The respirations, exaggerated in type, are 32 per minute; pulse, 125, weak, equal in both radials. The jugular veins are moderately distended

and pulsating; they are intensely distended during coughing. The left post-clavicular region is somewhat fuller than the right. There is great prominence of the left side, particularly at and above the nipple. The spine is straight; the inferior angle of the left scapula is one inch further from the spine than the right. The left scapula is almost motionless during respiration. There is general fulness of the left side posteriorly. There is permanent distension of the mammary veins, more particularly the left. A diffused flattened tumour exists in left axilla, corresponding to the axillary line: it is painful at times, and always tender upon pressure. A scar of puncture is seen four inches below the axilla, a little to the left of the axillary line, between the fifth and sixth ribs. The abdomen is tumid. There is anasarca of the inferior extremities (increasing).

Palpation. Vocal fremitus is entirely absent over the left side, before and behind. There is well marked sensation of fluctuation between the third and fourth ribs anteriorly, immediately above the nipple. The apex of the heart is felt one inch to the right of the right nipple; the base apparently corresponds to the osteo-cartilaginous junction of the second right rib.

Measurement. In the axilla, the left side measures 16 inches; the right side, 15¾ inches. Immediately above the nipple, the left side measures 17 inches; the right side, 15¼ inches. Three inches below the nipple, the left side measures 14¼ inches; the right side, 15¼. The left nipple is two inches higher than the right. Both are equidistant from the median line.

Percussion. The left side is universally dull, anteriorly and posteriorly; the dulness passes the median line in front, and extends between one and two inches to the right. The stomachal note is heard in the left hypochondrium. Upon the right side, tolerable resonance exists laterally and posteriorly. The abdomen yields a markedly tympanitic note above, but acquires a comparatively dull character in the lower region, with increased resistance.

Auscultation. Immediately beneath the left clavicle, distant tubular breathing is heard; while, over the remaining portion of the left side, the respiratory murmur is absent. The heart's sounds are heard over the mammary region, diminishing inferiorly. Upon the right side, blowing respiration is heard under the clavicle, with *râle sonore* during inspiration, extending down the lung, laterally and posteriorly. Posteriorly, the respiratory murmur retains, generally, the blowing character; but râle at times mingles with the acts of both inspiration and expiration, acquiring with the latter the character of shrill sibilus. Vocal resonance is somewhat exaggerated over the entire right side of the chest. The maximum of the heart's sounds remains as before stated.

Subsequent examinations did not elicit any additional fact of importance, with one exception; viz., during the last three weeks of life, the apparently gradual extension of a weak respiratory murmur over the middle and posterior portion of the left lung.

The infiltration of the lower extremities, and the abdominal effusion, gradually increased, and the function of the kidneys as gradually became impaired; the dyspnœa became, *pari passu*, more distressing, and attended with suffocating paroxysms, and permanent semicyanotic tint of the nails. So marked was still the sense of fluctuation upon coughing between the third and fourth left ribs, that I was tempted to advise the introduction of a fine exploring needle over the most prominent portion of the swelling, with the view to momentary relief, should empyema coexist. The operation gave pain, and only a drop or two of blood trickled down the groove of the needle. During the last three days of life, signs of centric pressure developed themselves, and nourishment could only be taken in the erect and forward position. Death, apparently by asthenia, occurred in the latter end of December.

Autopsy. Present: Dr. Sibson, Dr. F. C. Webb, Mr. Selwood, and Mr. Broughton. A general tendency to decomposition was observed. Upon opening the thorax, a large tripartite mass was seen, exceeding in aggregate bulk an adult head, and of so semifluid a consistence that, in detaching it from its connexions, large quantities of grumous blood and encephaloid matter escaped. The portions of the mass were invested with a fine bounding membrane of glistening character. The large rounded portion occupied nearly the entire left side of the chest, crushing the lung along the vertebral column, and adhering to its anterior face. Firm adhesions existed on this side throughout, particularly between the tumour, spine, and mid portions of the fourth, fifth, and sixth ribs, which latter were markedly softened, and formed a medium of connexion between the tumour and the oblong swelling upon the outer chest-wall. The tumour had carried the heart before it as far as the right nipple, but did not itself extend far beyond the right costal cartilages. By this encroachment, however, together with that of the displaced heart, the right lung also was lessened in volume to the extent of at least one-half, and bound down by adhesions. The second portion of the tumour, of the size of an orange, nearly separate from the larger mass, lay behind the manubrium sterni; and a still smaller portion, of the shape of a fig, was situate below the xiphoid cartilage. The heart was normal in size and structure. Considerable effusion existed in the peritoneal cavity. The liver and spleen, etc., were in a physiological condition.

Microscopic examination of the tumour revealed the characteristic elements of malignant growth.

Remarks. The case detailed is replete with practical interest. In its early stage, there were, as it appears to me, some grounds for regarding it as one of empyema, for which affection, indeed, I mistook it. It may, therefore, be instructive briefly to analyse the symptoms, with the view to determine how far such an opinion was tenable. The early symptoms were pain in the left side, cough with catarrhal expectoration, dyspnœa, difficulty of lying upon the affected side, constitutional excitement, etc. The case was at this time considered and treated by her then medical attendant as one of ordinary pleurisy. At the mid period of the history of the case, both vital symptoms and physical signs appeared to conform to such a view. These were pain, cough, dyspnœa, oppression, and hectic phenomena, as emaciation, night perspirations, small rapid pulse. On inspection, the side was enlarged (markedly so in the mammary region) and motionless during respiration; the percussion sound was dull; respiratory murmur and vocal fremitus were annulled, except beneath the clavicle and near the spine; the heart was displaced; the decubitus upon the affected side.

It is scarcely necessary to recapitulate the phenomena of the later phase of the disease. From the period of the puncture test and the appearance of the external swelling, no rational doubt could be entertained as to the presence of intrathoracic tumour, even assuming the coëxistence of empyema to a greater or less extent. In further support, however, of the diagnosis of effusion in the first and second stages of the disease, it may be argued, that left sided pleurisy is by far the most frequent, and that contraction ordinarily commences at the base; so that, remembering the several attacks and partial restorations, it was not unreasonable to infer that such adhesions had commenced below, and acquired sufficient firmness to prevent gravitating effusion from renewed attacks. Such effusion might, therefore, thus occasion bulging of the mid portion of the chest, and even tend to the production of an empyema of necessity. The pericardium also, from its extreme traction to the right, might have dragged the left side preternaturally inwards, and further augmented the apparent contraction of the base. Should it be contended, however, that the marked enlargement of the mammary region, the extent of dulness to the right of the mesial line, the enlargement of the mammary veins, the persistent pain, and frequently recurring attacks, the anasarca, etc., should have awakened suspicion of solid growth, we can only remark, that even these signs do not suffice for a differential diagnosis. Many cases are on record of empyema associated with all these signs to a greater or less extent. (See particularly Gintrac, *Diagnosis des Affections Thoraciques*; Mohr, *Monograph des Empyems*; Heyfelder, *Essay on Chronic Pleurisy*, in his *Studien im Gebiete der Heilwissenschaft*; Broussais, *Phlegmasies Chroniques*; Andral, *Clinique*, etc., art. iv, obs. 260; and particularly that most singular case of relapsing empyema recorded in the *London Medical Repository*.)

The sensation of fluctuation so evident in this case, and caused by the semi-liquid character of the mass, has been indicated by other observers in malignant intrathoracic disease, especially by Swett, *Diseases of the Chest*, p. 335; and is constantly pointed out clinically by the surgeon in fungoid disease occurring in parts more accessible to observation. It must, therefore, not be lost sight of in the category of phenomena common to internal malignant disease.

One question must be left for the reader to solve, viz., the origin of the disease. Were the signs of pleuritic irritation to be regarded as the result of changes induced by a tumour of independent growth, or was the mass the result of a *metamorphose* of a primary albuminous pleuritic effusion, as described by Zehetmeyer (*Grundzüge*, p. 138)? An argument against this view would be the apparent absence of cancerous growth in other organs—a consequence considered as almost

necessary by this observer. (See, moreover, a most interesting case, detailed in p. 339 of his work.)

There yet remains a phenomenon in the case I have recorded which requires comment; I allude to the partial reappearance of a weak respiratory murmur over a portion of the postero-middle region, towards the close of the case. If this were not a conducted murmur from the right lung (which was doubted by some observers), I can only explain it on the hypothesis that a portion of the tumour had yielded, and permitted part of the left lung to expand into its place.

Finally, with reference to the differential diagnosis of intrathoracic tumour: when we consider the possible sources of error inseparable from the very nature of certain cases of chest affections and their associate signs, such as those very recently described by Drs. Moutard-Martin and Oulmont (*Med.-Chir. Review*, Oct. 1856); and when we find how, at times, the very ablest observers have been at fault in the diagnosis of malignant disease of the chest, alike from the consideration of the symptoms and the physical signs (the latter, perhaps, are at their minimum of value here), we cite, in special illustration, the well known cases of Boerhaave, Corvisart, Graves, and Stokes, etc., others of less ability may well be excused for hesitancy and doubt. Indeed, it would appear, from a careful collation of the cases extant, that where the family history shows an absence of cancerous disease, where the expectoration is simply catarrhal, marked signs of centric pressure absent, and no external tumour present, the physical signs and symptoms correspond so closely with those of pleurisy, either general or circumscribed, that the diagnosis of intrathoracic cancer, at its early stages, is in most cases difficult, and in others, perhaps, occasionally impossible. At the same time, it must be borne in mind that relapsing pleurisy, with pain more or less constant, and radiating far and wide, combined with alteration of the chest-wall, and obstinately intractable to treatment, should at all times excite grave suspicion.

Original Communications.

INFLAMMATORY ACTIONS, AND THEIR TREATMENT.

By C. Handfield Jones, M.B., F.R.S., Assistant-Physician to St. Mary's Hospital.

[*Continued from page* 216.]

If we regard therapeutic agents as *tests* of the character of the actions going on in the living body, it may be of much interest to consider some of them in their bearing upon the subject before us. Let us take first the ordinary reputed remedies for sthenic inflammation.

Venesection must be considered as addressed chiefly to the attending constitutional disturbance, rather than to the local affection; it works its end, when beneficial, by taking off the stress of the circulating current, and diminishing the force of the heart's contractions, as indicated by the softer, more yielding, and sometimes slower pulse. It is to be regarded as a heart and artery sedative. The sedative action upon the arteries is shown by their becoming less contracted, and yielding more to the force of the heart, and to the pressure of the finger in exploring the pulse. Thus a small, wiry pulse will become larger and softer under bloodletting, because the contractility of its coat (muscular) is diminished. The heart will now act more freely and send the blood more equally over the general system, and so the local determination will be relieved. The increased tolerance of bloodletting in sthenic inflammation is a very striking circumstance, and cannot be well referred, I think, to any other cause than to an increase of nervous force in those ganglia or centres which influence the heart's action. A strong contractile action of the heart, and a tense, contracted state of the arterial coats generally, must imply, I think, increased innervation of these parts, since the opposite state is observed in all morbid conditions wherein nervous power is materially lowered. At the present time, together with an absence of all conditions that require or justify venesection (speaking generally), I meet with instances of impaired action of the heart, sometimes amounting to serious danger. This is associated with other symptoms of depressed nervous power, which appear to be most reasonably attributed to some kind of epidemic influence, much resembling that of malarious disease. The reaction which occurs after venesection, and which is stilled by opium, can hardly be otherwise regarded than as a phenomenon produced through the nervous system. That venesection (when performed so as to abstract blood rapidly) can produce also local effects, is shown by the occurrence of nausea and vomiting, and the breaking out of perspiration, which it not unfrequently occasions. In this case it acts evidently in the way of shock through the nervous system, as the same phenomena may result from the sudden rupture of a bloodvessel within the cranium.

That *local bleedings* exercise a sedative effect upon an irritated tissue in sthenic inflammation seems to be certain, not only from the good effects so commonly observed from it, when performed on a part whence blood can be directly abstracted from loaded vessels, but much more from the benefit obtained when this is not possible. No one can doubt that leeches applied to the epigastrium will very materially relieve an inflamed stomach, yet how is it conceivable that this relief is effected? It surely is not by the quantity of blood abstracted from the general system (as in venesection), and it certainly is not by any direct depletion of the gastric vessels themselves. We seem to be absolutely shut up to the conclusion, that the modification of one part in its nutrition can affect an adjacent, in such wise that a state of irritation, and active determination of blood thither, shall be diminished. The same remark applies to the leeching of the temples to relieve hyperæmic and irritated conditions of the encephalon, and to many other like cases. Had it not been for experience, we should have thought the proceeding quite irrational; but in this, as in other instances, we are instinctively, if not divinely, led to do the right thing first, and at a later period we come to reflect, and try to discover the principle, or reason, of our practice.

Cold, it will not be questioned, exerts a sedative action on an irritated tissue. It benumbs nerves, and impairs the play of muscles, if at all considerable, and it is, therefore, likely to act similarly on an inflamed part. In orchitis, Mr. Curling has proved its adequacy to cure by repeated and prolonged applications; and in meningitis and maniacal excitement, its beneficial action is well known. Similarly, in inflammatory states of the stomach, lumps of ice are administered with much advantage; but, if the vomiting depend merely on deranged innervation, they are productive of little or no good. In all these cases, it seems impossible to refer the good effects of the cold solely to its causing contraction and shrinking of the bloodvessels, though this operation may have some share in the result. In fact, the sedative power of cold is most strikingly shown by its power of arresting the circulation in a part, and causing it to become blue, or livid, from stagnating or slowly moving blood. This is unlike the usual action of cold in rendering a part pale and bloodless by contracting its arteries; the retardation of the blood must depend on a paralysis of the normal nutritive processes, which have so much influence in modifying its distribution.

Antimony and *ipecacuan* have strong claims to be regarded as sedatives of certain tissues, although their local application in a more concentrated form is strongly irritant. That they will subdue sthenic pulmonary inflammations is for me a certain fact, as also that they will aggravate and increase asthenic. I suppose also that their power, when given early as emetics, to arrest or check acute tonsillitis, orchitis, and adenitis, may reasonably be admitted. The benefit produced by ipecacuan in sthenic dysentery, when given in frequently repeated doses, is also, I believe, unquestionable. The powerful effect of antimony for good in croup is not a matter of doubt. Whatever be the exact way in which these remedies act, whether directly on the tissue, or through the nerves, it must be, I think, admitted that they do modify that morbid tendency to accumulation and arrest of blood in the suffering parts, which we have regarded as a main feature of sthenic inflammation. They are contra-stimulants. The muscular relaxation and general debility induced by full doses of antimony and ipecacuan, as well as their diaphoretic action, show that they must act powerfully on contractile tissue, voluntary and involuntary, and this in a way of paralysing and weakening its power. This points also in the direction just indicated.

Colchicum, with its magical action in reducing the articular inflammation of sthenic gout, must also be alluded to. Its action in acute rheumatism, though much more uncertain, is also, according to Dr. Watson's testimony and Dr. Fuller's, almost as striking. My experience agrees with that of these physicians, as to its being most appropriate to the synovial or articular form of rheumatism. These instances of the beneficial operation of colchicum are not necessarily connected with its

purgative effects. I cannot think we are far from the truth, if we assume that this drug acts on the articular tissues in such a way as to nullify the morbid nisus to inflammatory congestion. It is an articular sedative. From one experiment which I made on a healthy individual, it resulted that colchicum neither increased nor diminished the quantity of uric acid in the urine. The amount before the experiment having been in 24 hours 6.10 grains, it was during the administration of the drug 6.11 grains. The urea, on the other hand, was diminished from 336.600 grains to 272.075 grains in twenty-four hours. The acidity was somewhat diminished.

In the list of tissue sedatives, I think *alkalies* may be enumerated, at least when given in such quantities as to influence the system decidedly. Among these, the citrates, tartrates, etc., may be included, which are converted into carbonates in the blood. Dr. Fuller testifies to their "acting most powerfully as sedatives, and calming the action of the heart and arteries." In more precise language, this means that they quiet the action of the heart, as shown by the great diminution in the frequency and force of the pulse. The increased action (throbbing) of the arteries is of course only apparent, as these tubes can have no other active function than that of contraction; a hard, wiry pulse would indeed indicate increased arterial action, but this was not the character of the pulse in the cases referred to by Dr. Fuller. Their effect also on the inflamed joints in rheumatism is very positive, and equally so on the inflamed patches of sthenic eczema, lepra, and psoriasis. Dr. Bennett treats eczema effectually solely by alkaline lotions; and in the squamous skin diseases, there is much evidence of the good effect of liquor potassæ given internally. In prurigo senilis, I have found marked benefit result from the use of alkaline baths. I strongly suspect that much of the benefit produced by the administration of soda in irritable state of the stomach and intestinal canal, depends not on its neutralising the acidity (which is normal), but on calming the irritable tissue when conveyed to it by the blood. The advantage which Dr. Owen Rees states to be derived from the employment of alkalies in cases where the mucous membrane of the urinary passages is inflamed and secreting muco-pus (so rendering the urine alkaline), depends, I conceive, rather on the general sedative action of these remedies on inflamed tissues, than on their rendering the urine less acid and irritating. This is rendered the more probable from a circumstance which he himself states, viz., that small doses of liquor potassæ, ℥xv-xx ter die, sometimes render an alkaline urine acid. They surely do this rather by a direct action on the inflamed tissue, than by rendering the urine less acid. Maunsell and Evanson speak of the alkalies and alkaline earths as exercising "a decided sedative influence, especially upon the mucous membranes when in a state of irritation or chronic inflammatory action." Competent observers have assured themselves of the good effects of alkalies in the less severe degrees of bronchitis. An over use of alkalies induces a cachectic condition, "characterised by paleness, debility, general tumefaction of the tissues, passive hæmorrhages, and finally emaciation." (Trousseau.) The general tenor of all these statements accords very much with the view that alkalies act as tissue sedatives.

The influence of *mercurials* given so as to affect the general system is yet a moot point. Some, and more particularly those of the Edinburgh school, seem to deny their efficacy altogether, or rather to think them injurious. On the other hand, the testimony of Tyrrell, Watson, Copland, Williams, Graves, Wilde, not to mention a host of others, is as positive as anything can be to the powerful remedial action of mercury *properly administered*. But in that word, *properly administered*, lies a great deal; and how much it implies is, I think, not sufficiently considered by those who speak of mercury as useless or injurious. Mr. Tyrrell, writing nearly twenty years ago, has given in his work as excellent directions as any that I know for the proper management of this powerful agent; and all that need further be added is, I think, that the type of disease which reigns at present, and which seems to have prevailed more or less since the appearance of pestilential cholera among us, is decidedly unsuited to the beneficial action of mercury. There is now little of sthenic inflammation; bleeding and tartar emetic are but sparingly needed, while quinine, strychnine, and other tonics, with opium and cod-liver oil, are continually in requisition in our efforts to raise and maintain failing power. Remembering the tendency of mercury to destroy red blood, to cause prostration, and even fatal syncope (as in hydrargyria), I am sparing of its use in all feeble systems, especially seeing, as I do occasionally, embarrassment or partial paralysis of the heart's action from some morbid influence telling upon the nerves. But even now, in appropriate cases, I think there is much evidence in favour of the view that mercury acts as a sedative of sthenically inflamed tissues. The testimony of my friend Mr. White Cooper is most express as to its good effects in iritis independent of depletion. Just at the time that the gums become affected, the red zone declines, and all the other symptoms begin to improve. Mr. Critchett has some excellent remarks also testifying to the efficacy of mercury, and pointing out the best means of bringing it to act beneficially in cases where unskilfully employed it would be most injurious. (*Lancet*, Jan. 20th, 1855.) Of its efficacy in orchitis we cannot doubt, nor in myringitis, nor in many cases of pleurisy and peritonitis. In lichen agrius, I have found the good effect of mercurials very positively marked; and, except alkaline baths, I know of scarce any other remedy that is of much avail. Now, according to my observation, the subjects of lichen agrius are generally possessed of much vigour and strength of system, so that mercury might be expected to suit their disorders. Dr. Watson states "his persuasion that in the early period of acute inflammation of the encephalon, if the mercury comes in a short time to produce its specific influence upon the gums, a great change for the better will often be perceived." The highly interesting cases published by Mr. Solly, afford valuable evidence of the good effects of mercury in conditions more or less similar. They are very parallel to those of ocular disease recorded by Mr. Tyrrell, the same judicious delicate management having been exercised in both. I might in passing say here how much profit I have always found from the perusal of well recorded cases, such as those just alluded to. Abstract descriptions leave the mind quickly, but well told cases remain as abiding lessons.

[*To be continued.*]

CLINICAL OBSERVATIONS ON THE TREATMENT OF FRACTURES BY THE IMMOVABLE APPARATUS.

By Joseph Sampson Gamgee, Staff-Surgeon of the First Class, and Principal Medical Officer of the British Italian Legion during the last war; late Assistant-Surgeon to the Royal Free Hospital, House Surgeon to University College Hospital, etc.

[*Continued from page* 190.]

We have now sufficiently commented on the main features of the plan of treatment under consideration to be able to state the question at issue.

The three main features of an immovable apparatus applied to a broken limb being *immediate reduction, gentle uniform compression of the soft parts to cure and prevent their swelling, and absolute and complete immobilisation of the fragments*, it is necessary to determine how far these principles of action are sanctioned by sound doctrine and experience; and to inquire whether the plan of treatment under consideration be applicable and specially advantageous in so large a number of fractures as materially to simplify this department of surgery. *Simplex sigillum veri* was the favourite motto of that great practical surgeon, Mathias Mayor—a motto embodying a principle which through all time has been, and must endure, the dominant idea in sound surgical minds.

It will be necessary, before entering upon the doctrinal and experimental consideration of the question as just stated, to describe an immovable apparatus, and its mode of formation. For this purpose, I shall assume having before me a simple case of broken leg in a muscular adult; the two bones broken across, or very nearly so, about the middle; no shortening; little tendency to displacement; no injury to the skin, or swelling beneath it. The fragments having been brought into perfect contact, the great desideratum is to maintain them in that position, at the same time to prevent the occurrence of complications, of which swelling is the most probable. These objects are attained by the construction of a solid casing, including the joints above and below the seat of fracture, and closely fitting to every inequality of the limb. Such a casing may be constructed with bandages impregnated with plaster of Paris, or with common bandage and pasteboard smeared with starch.

1. *Plaster of Paris Bandage.* For the preparation of this bandage, an unglazed thin cotton texture is best suited; the wider its meshes, the more desirable. By rubbing into it as much dry powdered plaster of Paris as it can hold, the bandage is prepared for rolling and application. The skin is first to be pro-

tected by a single bandage, which should be adapted to the surface of the limb with the most perfect accuracy. Reverses should be avoided, as they form ridges, likely to irritate. As the sole object of this first bandage is to cover the skin perfectly, a little practice will teach the best mode of applying it so as to secure the desideratum without chance of mischief. The plastered bandage is next applied, with the same precaution as to accurate evenness; but, as a preparatory step, the roller, impregnated with dry plaster of Paris, requires to be moistened: for this purpose, cold water should be gently poured into it at each end. In such a case as we have assumed to be under treatment—simple fracture of both bones of the leg—the protective bandage having been applied from the toes to the middle of the thigh, it is to be covered with a layer of the moistened plaster bandage. To secure the desired solidity of the casing, and absolute immobilisation of the fragments, *plastered bandage splints* are to be applied along the sides and back of the limb as may be deemed requisite. These splints are made by supraposition of two, three, or more layers of the dry plastered bandage, cut to the required length, from the knee to the middle of the thigh, if requisite. The layers are moistened before application, and fixed by a few turns of similarly prepared bandage. To fix the ankle, it will be found advisable to place one of these splints in front of the joint, from the roots of the toes to the lower part of the leg. In about ten minutes, the casing is as hard as stone, yet very light, and removable either with a pair of cutting pliers, or by unrolling the bandage, and detaching the solidified splints. Four bandages, one of which is plain and the other three plastered, constitute an effectual apparatus for a broken leg, under the circumstances assumed for this description. The plaster having been previously rubbed in by an assistant, the process of application itself is clean and rapid; and, when the number of minutes requisite for desiccation of the moist plaster have expired, the patient may walk about with perfect impunity. Thus a stout man may walk on crutches, and *à fortiori* ride in a cart, or on the back of a mule, an hour after he has broken his thigh, and as soon as it has been set according to the foregoing method. Any one experimenting with this bandage will find how perfectly efficient and economical a contrivance it is in all cases requiring immobilisation of joints. Its originators, Mathijsen and Van der Loo, of Holland, have bequeathed to surgeons a contrivance admirably simple, and destined, I believe, to effect a greater change in surgical practice than any innovation of modern times. In expressing this opinion, I simply desire to stimulate trials to test the value of anticipations which I have been led to entertain; I have in no manner or degree presumed to prejudge the question at issue, but rather to facilitate its solution in accordance with the sentence, *Experientia docet.*

[*To be continued.*]

16, Upper Woburn Place, Russell Square, March 9th, 1857.

CASE OF MR. DYCE SOMBRE. *Court of Chancery, Lincoln's Inn, March 6th.* (Before the Lords Justices of Appeal.) Mr. Hobhouse appeared in support of a petition by Mrs. Dyce Sombre, the administratrix of the personal estate of her late husband, praying the payment out of court of a sum of money standing in the lunacy, and for the taxation of certain costs. Mr. H. Stevens, for the next of kin and the co-heiresses of Mr. Dyce Sombre, did not offer any objection to the application, but asked that some special directions should be given as to title-deeds. Mr. F. P. Morris, for Mr. Larkins, asked that before the papers in his hands were delivered over to the committee they might be examined by the Master in Lunacy, and so arranged that those which were of a private nature might be left in Mr. Larkins's hands. Among the papers, almost innumerable, were letters of Mr. Dyce Sombre, the disclosure of which might be painful, and could do no good to any one. Mr. Teed appeared for another party. Lord Justice Knight Bruce—I conclude that their being seen or being kept secret would do no good or harm to any human being. If they were handed over, in all human probability no one would be at the trouble of reading them. They might, no doubt, be pasted up at the corner of the street with perfect safety. Why should the Master be troubled with such a duty? Lord Justice Turner suggested that the papers should be handed over; they might be examined by the party himself, and he might upon affidavit allege what were of a private confidential nature; and if the parties differed the master might then decide. Lord Justice Knight Bruce agreed to this, and so the order was made. It was true, said his lordship, that it was about waste paper, but even waste paper was said to be of some use.

Diseases
OF
SPECIAL OCCUPATIONS.

No. I.
THE SHEFFIELD GRINDERS.

By JOHN CHARLES HALL, M.D., Fellow of the Royal College of Physicians, Edinburgh; Physician to the Sheffield Public Dispensary, etc.

[*Continued from page* 220.]

B. THE SHEFFIELD GRINDERS, AND THE NATURE OF THEIR OCCUPATION.

GRINDERS may be divided into three classes—1. Dry grinders, using only the dry stone; 2. Mixed, or those who partly grind on the dry, and partly on the wet stone; and 3. Wet grinders.

The trade of a grinder is carried on in a building called a *wheel.* In and near Sheffield there are about ninety-six wheels, and of these eighty are steam wheels, and the remaining sixteen water wheels. Each wheel has a number of separate rooms, which vary in size and the number of the stones they contain, in which the grinders work. As a general rule, wet grinding, and the heavier branches of the trade, are carried on down stairs; the lighter branches in the rooms on the upper stories. The heavier branches of grinding are, scythes, saws, table knives, machine knives, edge tools, files, etc. The lighter branches include spring knives (pen and pocket knives), razors, scissors, forks, spindles, needles, etc. Needle grinding is not extensively carried on in Sheffield. Some of our opticians employ a good many hands in grinding glass.

The rooms in which the men work in the different wheels are called *hulls*, the literal meaning of which is a *stye;* and a visit to some of them would convince any of my readers that it would indeed be difficult to select a more appropriate appellation. In each room are placed a number of *trows* (troughs), more or less in proportion to its length. Some rooms will contain as many as ten; some not more than two. The trough, which is made of cast metal, is received into the floor of the room, and contains the water in which the grinding stone revolves. When the stone is run dry, the water is removed from the trough. Each trough has several divisions, one for the "stone", one for the "glazier" or "lap", and one for the "polisher".

The *glazier* is a wooden wheel, varying in size from four inches to four feet in diameter: it is covered with leather. This is dressed all over with glue and emery; and, when this application has set, the surface is well rubbed with emery cake, which is a compound of suet, beeswax, and emery.

The *lap* is a wooden tool, faced with lead, on which the sides of penknives, the sides of razors, and the flat sides of the better finished scissors, are rubbed, to give them a flat surface. The effect of this will at once be evident to any one who may have a first class Sheffield knife, on comparing the pen with the pocket blade, or a razor with a table knife. The lap is coated with oil and emery.

The *polisher* is placed at the back part of the hull; it is a somewhat smaller wooden wheel than what has already been described, covered with leather, and is made to revolve much more slowly than either the grinding stone or the glazier. If it were made to revolve rapidly, the blades either of the knives or the razors that were undergoing the process of polishing would become heated, and their fine temper destroyed. Although the glazier revolves with considerable rapidity, the paste with which it is coated prevents this effect. A dry powder, called "crocus", which is in fact an oxide of iron, is used for polishing. Boys first begin to learn their trade by polishing the different articles. Boys are apprenticed to the lighter branches at from nine to thirteen years of age, and to the heavier branches of grinding at from twelve to fourteen.

Some go to the trade even younger than this. In my recent visits to the wheels, I met with one boy only eleven years old; he had been in the hull since the age of eight: he had a fearful cough, and, on examination, I found the upper portion of both lungs extensively diseased.

In the back part of each room is a drum, or wheel of much larger dimensions than any of those already noticed, which is set in motion by the steam-engine; and to it the grinding stones, glaziers, and polishers, are attached by the wheel-bands. The wheel-bands consist of broad leather straps; and the connexion between the different wheels and the drum can be effected or discontinued in a moment, with the utmost facility, by putting the wheel-bands on or off.

The different kinds of stones used in grinding, and the sizes employed, have already been described.

In manufacturing a razor, both the dry and the wet stone are employed; and therefore a description of the different processes a razor undergoes will best explain the operations carried on in the hull of a grinding wheel.

The razor is first forged out of a bar of steel. It is then sent to the grinder, who shapes it on the dry stone into the required pattern, whilst it is in the soft state. After the razor has been "shaped", it is returned to the forge, to be "file-cut" and "marked": the mark stamped upon it is very frequently that of some distant firm; it may be in London, or Glasgow, or any other town. Why our manufacturers allow this, has often been a puzzle to me; for it most certainly has enabled others at a distance to gain a reputation they would never have obtained but for this procedure. The razor next undergoes the process of hardening and tempering, after which it is once more brought to the wheel, and ground to an edge on a wet stone. It is then "laped" on a tool the exact size of the stone on which it has been ground. The back and the end of the tang is "glazed"; and the whole of the blade is then wiped quite clean, and afterwards highly polished with crocus. It is next sent to the hafter, who places it in the "scales" (handle), and "sets" (sharpens) the razor ready for use. Serviceable razors can be made at all prices, from one shilling to the elaborately finished and costly articles which were specially manufactured for the Emperor of the French.

The following table will show the immense quantity of steel-dust that must of necessity be created in the first process a razor undergoes on the dry stone.

Table II.—*Shewing the weight of a dozen of razors in the different stages of their manufacture.*

Shape of the razor: quill backs.	lbs.	oz.	Shape of the razor: swaged backs.	lbs.	oz.
Twelve razor blades, forged in the rough	2	4	Twelve razor blades, forged in the rough	2	0
Twelve razor blades, shaped	1	15	Twelve razor blades, shaped	1	10
Twelve razor blades, finished	1	10	Twelve razor blades, finished	1	8
Loss in shaping, five ounces per dozen, principally on a dry stone.			Loss in shaping, six ounces per dozen (dry).		
Loss in grinding on the wet stone, five ounces per dozen.			Loss in grinding, two ounces per dozen (wet).		

The above varieties of razors have been selected as patterns generally in use; and the experiments were kindly made for me by Mr. John Wilson, a most intelligent pen-blade grinder in the wheel belonging to the well known and celebrated firm of J. Rodgers and Sons, cutlers to Her Majesty. In some of the very large and heavy kinds of razors—for example, such as those used in the shaving of velvet—a much greater quantity of steel-dust will be made in shaping them. Some little difference will also arise from the way in which the different razor-blades have been forged.

Great friction is required to grind a razor to its proper shape. Razor backs are for the most part round; and the pressure during the process of shaping is so great that no wet stone could sustain the rolling friction; the stone would soon become uneven, like a hammer-stone, and so pulverised that, after shaping four or five blades, the workmen would be unable to hold the blade on the stone. Forks, razors, table-knife-bolsters, scissors, shanks, and needles, undergo the rolling process, and consequently require the dry stone. Spring knives (pen and pocket knives, etc.), twenty years ago, were ground on the dry stone: the march of improvement, however, has superseded that process; and these blades are all now ground on a small wet stone, which is made to revolve with great rapidity. In shaping razor-blades, etc., on the dry stone, an immense number of red hot particles of steel fly about in all directions; from these "motes", as they are called, the eyes of the grinders were constantly injured, and in some cases permanently lost. The danger is now obviated by wearing large spectacles of ordinary window-glass: the protection they afford is very obvious; for, on examination after they have been a short time in use, the glasses are found spotted all over with the marks made by the particles of heated steel on their surface. In shaping a dozen large razors on a stone seven inches in diameter, the stone would be reduced nearly one inch.

During the process of dry grinding (and in dry grinding the greatest danger to the workmen arises), the dust which is created from the stone and the metal pervades the room in considerable quantities. But it is not only in grinding that dust ascends: much of the evil resulting from the trade of a grinder (and to this dry and wet grinders are alike liable) proceeds from "hanging" and "racing" the stones. The stones are received at the wheels from the quarrymen in a rough state. The grinder then drills a hole through the centre, and, fixing it on the axle, places it in the "trow"; it is then made to revolve slowly, in order that the steel which is used in the process of racing may bite. With this bar of steel, the asperities of the stones are removed, and their surface rendered level and smooth. During the operation, the rooms are unavoidably filled with dust; the dust also arises in perfect clouds when the sides of the trow are swept, after the process of racing is over: it takes about half an hour to race a large stone. The stones are now fitted with plates and screws, instead of with wedges, as was formerly the practice; and the number of accidents from the breaking of a stone are at present much less frequent than when the old plan was in operation. The saw-grinders at one time were often very seriously injured from the stones breaking whilst they were at work. The large size of the stones, and the weight and length of many of the saws they have to grind, will easily account for this branch of the trade being more dangerous, from the breaking of the stones, than when the articles are smaller and lighter.

Much dust is also created in glazing and polishing: the amount will depend in a great measure on the nature of the glaze used; that employed in the glazing of forks is the most injurious.

It has already been intimated that grinding may be divided into dry, mixed, and wet. Forks, needles, brace-bits, spindles, etc., are ground entirely on the dry stone; and, in addition, table-knife-bolsters, shanks, shaping razors, humping scissors (or giving the rounded form to the blade), etc., etc., all require the dry stone to be employed. Some trades never use the dry stone, as, for example, saws, files, sickles, etc. Table-knives, edge tools, saws, scythes, etc., are only ground and glazed. There is also in Sheffield a numerous class called jobbing grinders, who work on the wet stone, and who are employed in grinding engravers' steel-plates, hammers, fenders, fire-irons, stove-grates, busks for stays, candlestick-bottoms, nippers, garden-shears, hoops, etc.

The following statistics with regard to the present condition of the Sheffield grinders have been collected with no little care and trouble. Formerly, these statistics could be much more readily obtained, because most of the trades were organised; now, many of the unions are broken up. The information has been obtained by personal inspection of many of the wheels, and by employing an old and intelligent grinder to go from wheel to wheel to collect returns from the presidents and secretaries when the trade was organised; and, when this was not the case, from the secretaries of the different wheels, and from the men employed in them. These returns I have afterwards read over to several of the most intelligent grinders in each branch, and they one and all agreed that they were as accurate as it was possible to obtain. They may, I am certain, therefore, be taken as a close approximation to the truth.

Fork Grinders. The men employed in grinding forks work on a dry stone. It is by far the most destructive of the grinding trades carried on in Sheffield. One hundred and sixty men, and one hundred and twenty boys, are at present engaged in it. Excluding the boys, or all under twenty-one years of age, the average age of the hundred and sixty men only amounts to twenty-nine. Some notion of the known fatal nature of fork-grinding may be gathered from recording the observation made to me by a fork-grinder in one of the wheels: "I shall be thirty-six years old next month; and you know,

measter, that's getting a very old man in our trade." Individual instances of men living longer than this, no doubt, can be found at present in Sheffield amongst fork-grinders; but it is an undoubted fact that a great many of these men are cut off before the age of thirty; and that, if commencing, as most of them do, the trade at ten years of age, at the age of twenty-one, if constantly at work, the expectation of life would not most certainly exceed fourteen years. The calculation of Dr. William Farr, in the sixth Report of the Registrar-General, of the probable duration of human life in England at the age of twenty-one, is thirty-nine years; so these unfortunate men, we may conclude, are exposed to influences which have a tendency to rob them of twenty-five years of their lives, to deprive to that extent their wives and families of the benefits of their labour, and to fill the union houses with their widows and orphans. No more graphic picture can possibly be drawn of the effects of this trade than in the address presented some years ago by the fork-grinders to the public; they said: "It is part of our duty to allude to the destructive influence of our trade; for be it known that, in respect to the pernicious effect of grinding trades upon health, our branch is by far the worst. We can show by irresistible facts, drawn from the statistics of our trade, that the average age of fork-grinders does not exceed thirty years. Nor is this to be wondered at, considering the poisonous atmosphere we have to breathe, which renders the far greater part of us mere shadows of men, and produces a complication of diseases, of which the most formidable is the asthma and dry cough, known by the name of the 'grinders' complaint', attended as it is by consumption, which no medical man can cure. In such cases, life is a burden to the poor sufferers, and their frames are gradually emaciated and wasted by a repetition of slow tortures."

This is unfortunately an "o'er true tale"; nor will I by a word direct attention from a picture which has been so faithfully drawn, except to remark, that poverty often obliges these men to labour when they are altogether unfitted for their calling, and causes them to go to the hull a day or two in each week for a few hours, to inhale additional dust, and thus to increase the disease that is rapidly destroying them, in order to obtain bread.

Razor Grinders. There are now engaged in razor-grinding three hundred men and two hundred and twenty boys. The average age of these men does not exceed thirty-one. This, as before stated, is one of the mixed varieties of the trade, and one of the most destructive.

Spring Knife Grinders. Pen and pocket knives are now ground entirely on a wet stone; about six hundred and eighty-five men and six hundred boys are at present engaged in it. The mortality in this branch has very much diminished since the grinding has been carried on with the wet stone only.

Scissor Grinders. These men work partly on a wet and partly on a dry stone. The most destructive part of the work of a scissor-grinder is when giving the rounded form to the blade, which is called "humping". There are at present three hundred men and two hundred boys employed in grinding scissors. Hundreds of these men perish before reaching the age of forty. The average age of the men now at work is thirty-two.

File Grinders only use the wet stone. About one hundred and sixty men and eighty-five boys are at present employed. The mortality is much less in this branch than in some of those already mentioned.

Saw Grinders employ the wet stone. One hundred and sixty men and fifty boys are engaged in grinding saws. The average age of the men at present is about thirty-eight.

Scythe Grinders. Scythes are not very extensively ground in Sheffield. Both scythes and sickles are ground at and near Hackenthorpe, a few miles from Sheffield. As a general rule, country grinders are more healthy, and live longer, than those who reside in the town; and I have reason to believe that some of the scythe-grinders employ a portion of the year in making, so that they are not at all times in the wheel. There are about sixty persons (men and boys) employed in grinding scythes.

Wool Shears and *Edge Tools* are classed together by the trade. Of the different branches of wet grinding, that of wool-shears, from the peculiar kind of soft stone used, is the most pernicious. The average age of the men working at it, now living, does not exceed thirty-two.

The following table shows the number of grinders at present employed in the different branches of the trade, and the average ages of all the men now living, those under twenty-one being excluded.

Table III.

Number of grinders, 1857.	Men.	Boys.	Average age of all the men now living.
1. Forks.....	160	120	29
2. Spring knives	685	600	34
3. Razors	300	220	31
4. Scissors.....	300	200	32
5. Table knives.....	800	250	35
6. Edge-tools and wool-shears	200	80	32
7. Saws	160	50	38
8. Surgeons' instruments	15	12	—
9. Files	160	85	35
10. Sickles	50	20	40
11. Jobbing grinders	280	210	—
Total....	3110	1847	

	Total men	3110
	Total boys.....	1847
add about	Scythe grinders (men and boys)	60
	Needle grinders	12
	Number of grinders in and near Sheffield	5029

On getting the returns just given in the above table from the different trades, I resolved to test their correctness, as to the average age of those at present employed, by going to two of the largest wheels in Sheffield, and personally taking down the ages of all the men employed in each hull. The wheels I selected were the Soho and the Union. The Soho wheel has fifty hulls, and, on an average, five hundred men and boys work at it. The Union wheel contains forty-six hulls, and from three hundred to four hundred men and boys are employed. I found the average age of all the razor grinders to be 31; and, in the men I examined, I found one aged 55, one aged 49, one aged 46, one aged 42, one aged 40, and one aged 39. I found the average age of all the scissors grinders to be 32 years and 4 months. In this number were two aged 60, one aged 55, one aged 54, and one aged 49. When men are found working at razor and scissor grinding at these ages, it often happens that they have been away from the trade some years, or have not worked regularly at it, or that they have taken unusual care of themselves, and have always employed of late years a *fan*. But, even taking the men at these ages, the average of all the men employed was little more than 32. The average age of the spring knife grinders was 34, and of the table knife grinders 35. The average age of the fork grinders at these wheels was only 28. At the Soho wheel, a fine young man, a fork grinder, aged 26, remarked, "that he reckoned, in about two more years, at his trade, he might begin to think of dropping off the perch;" adding, "A fork grinder is an old cock at 30." The average age of all the grinders in the different branches at work at the Union Wheel was 34, and all boys under 21, are excluded from my calculations.

[*To be continued.*]

A Pauper Lunatic Scalded to Death. A young woman, named Ann Larner, aged 24, an epileptic pauper lunatic in the asylum at Gloucester, died on Friday, March 13th, from the injuries she sustained from falling into a hot bath. It appears that the deceased was, from the nature of her maladies, of dirty habits, and frequently required the bath. On Thursday morning week, the head nurse of the ward in which the deceased was, prepared the bath by turning on the hot water; she then carried down the deceased from her bed, being assisted by another nurse. Thinking, by the steam on the water, that it was too hot, she told the other nurse to hold the deceased while she turned on the cold water tap, but from some cause no water ran out. The deceased was sitting on the edge of the bath, and having a strong dislike to bathing, she kicked and struggled, and fell backwards into the bath. She was immediately got out; but her back and arms were severely scalded, and she died the next night. The jury returned a verdict of "Accidental Death"; and censured the head nurse of the ward, Hester Summerhill, for her carelessness in not ascertaining the temperature of the water before she brought down the deceased; and recommended that a regular supply of cold water be insured.

British Medical Journal.

SATURDAY, MARCH 21st, 1857.

THE ELECTIONS: WHY ARE THERE NO MEDICAL CANDIDATES?

From one end of the country to the other, every county, city, and borough, is rife with electioneering preparation. We regret to see, however, that Medicine takes little or no part in the struggle which has commenced. There is hardly any profession, trade or calling, some members of which are not to be found trying at this busy time to make their way into Parliament. Medicine alone stands apart, as if she and her followers could take no share, and had no interest, in constitutional government. We live apparently beyond the pale of the laws; for medicine at present is certainly to a great extent lawless, and we seem to wish for no share in the legislature, or in Parliamentary affairs. Yet we have plenty of grievances. Medicine, as a profession, is down-trodden and depressed, as compared with the Church or the Law. We hear spasmodic cries for army medical reform, navy medical reform, poor-law medical reform, sanitary reform, and other matters, not to mention the great cry, every year becoming louder, for the reform of the laws relating to the entire profession. We see the presidency of the Board of Health bandied about from one quackish politician or feeble official to another. We see the Poor-law medical affairs presided over by a lawyer. The health statistics of the kingdom are managed at the Registrar-General's office by a major of dragoons, who has the great merit of being brother to a party statesman. The lunatic population of the realm is regulated chiefly by lords, laymen, and lawyers. Wherever medicine should crop out in the state, she is buried by political formations. Yet in all the departments which we have noted, the real work and toil are done by medical men.

Ought such a state of things to exist or continue? And who is in fault? We fear medical men are themselves chiefly to blame. Those who have reached the highest places in medicine, as regards practice and emolument, appear to look upon medicine as a mere means of money-getting, or they are satisfied with the poor and paltry honours which wait upon court appointments, corporate places, or offices in our hospitals and scientific societies. But surely every medical man is a citizen, as well as a member of a cosmopolitan profession: and our profession suffers grievously from the want of a political status, and because her followers do not fulfil their duty towards her by making, or attempting to make, her voice heard in the state.

What are the more prominent causes which have led to the present state of things? Are they valid and irremediable, or are they unreal and imaginary? Time was when party feeling ran so high that a medical man taking part in politics might expect losses in practice; but this hardly applies to the present time, when party distinctions are faint, or have almost disappeared. The most common argument alleged against the possibility of medical M.P.s is, that the professional man has no time for attendance upon parliamentary duties. Let us examine this plea. Parliament sits about six months in the year. Wednesdays and Saturdays are holidays; and, with other adjournments, there may be about ninety sittings in the year. Few individual members attend more than two-thirds of the sittings; and, on the average, Parliament breaks up before midnight, the later sittings being the exception, not the rule. The work of Parliament rarely begins till after six o'clock—the time when most of our consulting practitioners, at least, have done their work. We believe we could name at least twenty men in practice in London who have country houses, and who go into the country every day regularly at five or six o'clock. We further believe that in no profession is so much time wasted in dinner parties and social meetings, as in the medical microcosm. The plea of want of time, therefore, is of little value.

The lawyers are not so much afraid of work. Look at the late Attorney-General, Sir Alexander Cockburn, for instance. He had the leading practice at the bar in London and in his circuit; he performed his official duties as the public prosecutor and adviser of the Crown; and he worked hard in Parliament at law reform and general politics. There is nothing in the labour of the consulting masters of medicine and surgery like this. We seem to have degenerated in modern times. Radcliffe and Friend led the profession, and represented constituencies in Parliament. Mead lived in Great Ormond Street, sat in Parliament, and was a prominent political character at St. Stephen's. While we of medicine have receded from politics, every other class of the community is pressing towards it. There are nearly two hundred lawyers in the present Parliament; and the number in the next will probably not be diminished. Though we see no medical candidates for the approaching elections, there are plenty of hard worked but ambitious tradesmen, manufacturers, merchants, and so forth.

It cannot always be that such a lethargy will envelope our profession. It is not so in other countries. In the despotic states of Europe, medical men have a considerable share in the government. The same may be said of the United States; and even in our great colonies of Australia and Canada, many of the prominent political personages are medical men. There are two classes of medical men who might properly become candidates for seats in Parliament: medical men in the provinces who are independent as regards means, and medical men living in London who would be public-spirited enough to combine practice with the duties of Parliament.

We do not dwell on these shortcomings without desiring to point out the remedy. We believe that there are many boroughs in which particular medical men have great interest, or in which the united strength of the medical residents would be able to carry candidates. We earnestly wish such men would come forward and place themselves at the service of the profession by asking for medical candidates. There is not a day to lose; and we may mention, that we know already of several candidates, in every respect eligible, who would be happy to undertake the trouble and expense of an election, and contest any place where there was a fair chance of success, and who would do their duty afterwards to the profession and to their constituents. Some one must speak out; and it would give us the greatest pleasure to be the medium of communication between such parties.

THE WEEK.

ARMY Medical Reform has formed the subject of debate in the House of COMMONS, twice since our last. This fact will convince our readers of the necessity that is felt by our legislators, as well as by ourselves, for a thorough remodelling of a department which, from causes altogether without the control of our profession, reflects anything but credit upon us. Mr. Stafford is deserving of the thanks of every medical man for the pertinacity and courage with which he does battle with Mr. Peel, on behalf of the medical officers of the army. Notwithstanding the recommendation of the Committee which sat last year with respect to the justice of the demand of these officers for more pay and a fair share of honour, nothing yet has been done. Mr. Peel, who fences with every question he has to do with, informed the House indeed that the army medical expenditure in Great Britain and Ireland had increased since 1852 by upwards of £40,000 a year; but he does not, of course, mean to assert that this sum has gone into the pockets of the medical officers. There is a question, however, beyond that of pay, which was only just touched upon in the debate of Friday last—a question which goes to the bottom of the present position and authority of the army medical department. Sir W. F. Williams, speaking of the efficiency of the military hospitals at Woolwich, informed the House on that occasion, that "a few weeks since he had the honour of escorting Miss Nightingale over the whole of the establishment, when she expressed herself highly pleased with the arrangements; and on the following day, Colonel Lefroy wrote to him expressing the great gratification Miss Nightingale had derived from her visit to the Artillery and Cadets' Hospital, and her opinion that they were among the best military hospitals she had seen."

We cannot write this quotation of Miss Nightingale's "approval" of our hospital arrangements without a blush of shame and indignation. To what condition is the army medical department reduced, that its opinion is never even quoted upon a matter of such vital importance as the condition and arrangements of our large military hospitals? What would Convocation say if Miss Nightingale's, or any other lady's opinions were quoted in high approval of the government of the Church? What would Lincoln's Inn or the Temple say if a second Portia were to signify her approval of a measure of Legal Reform? For Miss Nightingale we feel the highest respect, and we have no doubt whatever that her opinion upon hospital arrangements is of great value; but is that any reason why the Medical Department of the Army should be reduced to such a state of *impotence*, as this quotation of her opinion would seem to imply? Miss Nightingale thinks with a fine as well as with a common sense, unfettered by routine; hence her vivifying powers, and the weight that her opinions carry with them. Our present Medical Department, imperfect as it is, is allowed no freedom of this kind, it is simply the mouthpiece of the Secretary at War; hence no one heeds its voice, and no one looks to it for one single suggestive idea. We have reason to believe that the Government have had the necessity of improving the organisation of this very important department of the army forced upon them, and that we shall see changes made in the new Parliament which will place military medicine in a condition far more independent than it at present enjoys, and which will render it infinitely more serviceable.

The Students' Meeting on behalf of Poor-Law Medical Reform, on Thursday week (a full report of which will be found in another column), was a decided success. St. Martin's Hall—no small gathering ground—was crowded in every part; and the body of the meeting, composed of as many different groups as there are large hospitals in the metropolis, was alive with that intelligence and pluck necessary to carry the movement to a successful issue. The students have one great advantage over medical men already in office: they can speak out loudly and indignantly, without fear of offending their taskmasters; they can use ridicule and a just scorn, without being called to account for their speech by guardians, who may happen at the same time to be private patients. Mr. Griffin will, we trust, accept the services of these light skirmishers "unattached", who have both the will and the ability to do excellent service in the movement, which has now, we hope, impetus enough to go on successfully to the end. We cannot help congratulating the rising generation of medical men upon the ability they have shown in their conduct at this meeting. The speaking was excellent throughout; and many new arguments were brought forward in favour of the just rights of the Poor-Law medical officers, which we trust Mr. Griffin will stow away in his armoury for further use. With Mr. Layard as the champion of their cause in the new House (if he has the good chance to be elected), the Poor-Law surgeons need not fear that their voice will be any more stifled. The President of the Poor-Law Board will not be able to put him down by specious promises of inquiry, when the time comes for a full discussion of the subject. We trust that the students will "agitate, agitate, agitate," to use the old reform cry; and that meeting after meeting, such as that which shook the walls of St. Martin's Hall on Thursday, will be held in different parts of the metropolis. We must cry loud enough, if we wish Parliament to listen to our grievances. The students are the *fly wheel* of the movement, and their swing and enthusiasm will lift it out of the "dead lock" which it has unfortunately fallen into of late. Mr. Griffin should, therefore, make much of these gallant volunteers, whose generous enthusiasm will, we hope, induce the Poor-Law surgeons who have not yet joined the movement to come forward. Surely they don't intend to let the *boys* do all their work for them.

At the Spring Assizes of the Norfolk Circuit, held at Aylesbury on March 11th, a man named Philip White, residing at Chesham, was arraigned for administering *hiera picra* to one Ann Seaward, on the 3rd and 7th of December last, with intent to procure miscarriage. A charge had also been preferred against the prisoner for poisoning his wife with arsenic; but the bill was thrown out by the grand jury, there being evidence that the wife had taken arsenic herself to procure miscarriage. During the inquest on the wife, Ann Seaward, in giving evidence, made disclosures which led to the preferring of the charge of attempting to procure abortion against the prisoner. She stated that—

"Having informed the prisoner of her apprehension that she was in the family way by him, he said he could give her something to 'set her right'; and on the following day, December 3rd, he gave her 3*d*., with directions to buy half an ounce of

what he termed 'hicra picra'. The girl obeyed his directions; and having procured the drug (which was stated to be in common use among women as a cordial aperient, a dose being about ten grains), placed it in the hands of the prisoner, who mixed a portion of it in gin and something else, and gave it to her to drink, saying that it would make her poorly and sick, but would set her right."

The large quantity of the drug administered on each occasion to the girl had in fact been her safety, as she had vomited it on each occasion. To show that the prisoner knew the nature of the drug, the keeper of the lock-up at Chesham stated that the prisoner had remarked: "If I had a fast breeder, I would give her some hiera picra, if it would not hurt her." The prisoner was found guilty, and transported for life.

The letter of Mr. Gamgee in this day's JOURNAL calls attention to a subject of extreme importance. For some time past there have been rumours (which have found their way into the House of Commons) that a portion of the cattle imported from the Continent, for the alimentary use of the inhabitants of London, has been in a diseased state. Mr. Gamgee, whose course of study, together with the aids at his command, well fit him for the duty, has undertaken the task of first verifying, by his own observation, the correctness of the statements made, and then of concisely pointing out the direction in which the remedies for the evil should be applied. The measures recommended by our correspondent appear simple, and at the same time effective; but, in the hope of meeting soon with a more extended development of his views, we abstain for the present from any further remark.

Association Intelligence.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

THE General Secretary of the British Medical Association begs to call the attention of members to the Laws regarding the ADMISSION of MEMBERS, and the PAYMENT of their SUBSCRIPTIONS.

"*Admission of Members.* Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any *three* members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch."

"*Subscriptions.* The subscription to the Association shall be One Guinea annually; and each member, on paying his subscription, shall be entitled to receive the publications of the Association of the current year. The subscription shall date from the 1st January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous."

Either of the following modes of payment may be adopted:—

1. Payment by Post-Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.

2. Payment to the Secretary of the Branch to which the member belongs.

3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the BRITISH MEDICAL JOURNAL, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W. C.

PHILIP H. WILLIAMS, *General Secretary.*

Worcester, March 1856.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 10TH, 1857.

CÆSAR HAWKINS, Esq., F.R.C.S., President, in the Chair.

ANATOMY AND PATHOLOGY OF THE ADULT PROSTATE.

BY HENRY THOMPSON, M.B., F.R.C.S.

THE observations are based upon upwards of sixty dissections, fifty of which were preserved and exhibited: these had been examined on a uniform plan.

The organ had been clearly dissected from adjacent parts. At the neck of the bladder, the muscular and other fibrous structures which surround the vesical orifice of the urethra were pared away pretty closely. Some portions might have been left, as it does not appear possible to mark any absolute limit between prostate and bladder; anteriorly, although the same condition exists, it is less difficult to determine, approximatively, a boundary line. The prostate was then measured, in three directions, as follows:—from base to apex; in the extreme transverse direction; and in the extreme recto-pubic direction. Next, it was weighed. After this, the urethra was laid open, the existence of "concretions" sought in the canal, and afterwards in various parts of the prostatic substance. In most specimens, free sections were made with Valentin's knife, and a series of microscopical observations pursued in normal and abnormal conditions of the organ, illustrated by about one hundred specimens, mounted on slides, with preservative fluid. The greater part of these prostates were taken from the bodies of elderly persons, as they consecutively appeared in the dead-house of a large institution, containing a due proportion of healthy and diseased lives, and no kind of selection was made. The particulars of age, weight, and measurement, are arranged in tables exhibited. The observations made are presented under the following heads:—

I. *Frequency with which enlargement appears in advanced age.* The opinion has long been current that the enlargement of the prostate is one of the changes natural to old age. The specimens in question showed the incorrectness of this view. Of the 50 specimens, 43 were taken from individuals of fifty years old and upwards. Of these 43, two were very small, probably atrophied, leaving 41. Of these 41, 14 exhibited enlargement, or a tendency thereto, manifested by the presence of tumour, more or less developed. Of these 14, 9 exhibited it in a very slight degree; in the remaining 5, enlargement was considerable, and gave rise to symptoms during life. Only one died of the affection.

An appreciable enlargement existed at the rate of 32 per cent.; notable enlargement, causing symptoms during life, at that of 12 per cent.

Of the 41 cases above fifty years of age, 29 were therefore unaffected in the slightest degree, and amongst them were the oldest individuals of the series—one at ninety, one at eighty-five, and two at seventy-nine years. It was then held to be established, that enlargement of the prostate, so far from being a change natural to old age, was an exceptional condition.

II. *Size and weight of the adult prostate.* From the 50 cases of all adult ages, 14 being deducted as enlarged, and 3 as unnaturally small, 33 specimens remained healthy; the average weight of these was 4 drachms 38 grains; there was very little deviation, most of them ranging between 4 and 5 drachms.

The measurements given by authors generally were corroborated. The prevailing measurements were:—From base to apex, 1¼ to 1½ inch; greatest transverse diameter, about 1¾ inch; greatest thickness, ⅝ to ¾ inch; measurement from the centre of the urethra, outwards and downwards to the periphery of the organ, the line of section adopted in lithotomy, varied from ⅝ to ¾ inch.

III. *Nature of a part commonly called "the third lobe".* The history of this term, and its employment to indicate a distinct portion of the organ, was discussed at some length. There is no portion marked out with sufficient distinctness to entitle it to such an appellation. Its existence appeared to have been the subject of discussion during some years in the course of the last century, long before the time of Sir Everard Home, the result of which was then a decided denial of its existence; Morgagni especially, after repeated examinations, strongly

opposing its claim to be considered a distinct part of the healthy organ. It was proposed now to term the stratum of prostatic substance, which united the two lateral lobes behind and below the urethra, the "posterior median portion", as more correctly indicating the part referred to, and at all events as not involving assent to the disputable theory which assigned to it an independent character.

IV. *Existence of distinct tumours in the prostate.* The existence of solid tumours of different kinds is by no means rare in the prostate. They were pointed out by Sir E. Home, and by him supposed to be of the nature of apoplectic clots. Subsequently, they have been regarded as fibrous tumours, and more lately it has been shown that some possess a structure approaching very nearly to that of the secreting tissue contained in the prostatic substance around. It was shown that enlargement of the prostate is very frequently associated with the development, more or less marked, of such growths in some one of three forms; in short, that the production of defined tumour is more frequently than otherwise the essential element of the pathological condition known as hypertrophy of the prostate. Of fourteen enlarged prostates in the series, six exhibited numerous fibrous tumours in the substance of the lateral lobes; the others show polypoid enlargements, single, binary, or multiple, springing from the posterior median portion. The varieties may be briefly noticed as follows:—

1. A simple fibrous tumour, small, nearly isolated, made up of closely-packed organic muscular fibres, with some areolar tissue, intimately resembling those found imbedded in the walls of the uterus.

2. A tumour composed of the same elements as the preceding, but containing, in addition, some of the glandular substance of the prostate, more or less imperfectly developed. This also may be imbedded, with or without a cyst, seeming sometimes to partake more of the character of a local enlargement, limited to a small portion or lobule of the prostate tissue, and only partially isolated. Although separating this class from the previous one for facility of reference, it was more than probable that the two nearly merge into each other at their adjacent limits, the latter approximating to the former by insensible gradations; so that some tumours which appear to be purely fibrous at first may be found to exhibit slight traces, in parts of its structure, of the glandular element. In *all*, however, the basis is *muscular fibre*.

3. A tumour composed entirely of the ordinary structures of the prostate fully developed, and enjoying activity of function in common with the rest of the organ. It asssumes a pyriform shape even in its earliest stage, and springs from the posterior median portion. It may vary in size from that of a pea to that of a middle-sized pear. The analogies between these and the tumours of the uterus are considerable. Pointed out by Velpeau and others, modern researches seem to indicate them more plainly.

a. There is a ground of analogy derived from the two organs, prostate and uterus, being undoubtedly morphological equivalents in the two sexes, the analogue of the uterus and vagina combined being found in the prostatic vesicle or utricle of man. Numerous authorities are referred to in support of this view.

b. A stronger ground may be found in the fact, that the prostate and uterus are organs whose bulk is constituted by the same tissue—viz., the organic muscular fibre. No other organ in the body besides these two is similarly constructed by thick masses of this tissue; elsewhere, it is distributed in very thin layers.

c. Both organs exhibit growths identical both in external and histological characters. Isolated tumours imbedded in the substance of the organ, and polypoid outgrowths intimately connected with its structure, are seen in both. The occurrence, in some prostatic tumours, of a very small proportion of partially developed gland tissue, intermingled with the muscular basis, should be regarded rather as an accident of situation than as indicating any material difference between those and the purely muscular tumours.

d. The two organs are subject to considerable hypertrophic enlargement, mainly consisting of their constituent fibrous and muscular elements, and in both this may be associated with some tumour-formation, or may exist independently of it; may, in the latter case, be local or general, affecting the whole or certain parts of the organ, and, when local, affecting particular spots more commonly than others.

e. The two organs are liable to these changes after the prime of life has passed. Bayle, quoted by Rokitansky, and confirmed by Dr. Robert Lee, says that 20 per cent. of women, after thirty-five years, have fibrous tumour of some size in the uterus. These preparations show prostatic tumours in 30 per cent. of males after fifty.

The President said it was remarkable how little was formerly known of the anatomy of the prostate gland compared with the pathology; and he also inquired if Mr. Thompson was aware of the statement of Dr. Beith, in the *Pathological Transactions*, that enlarged prostates were exceedingly rare in very old persons.

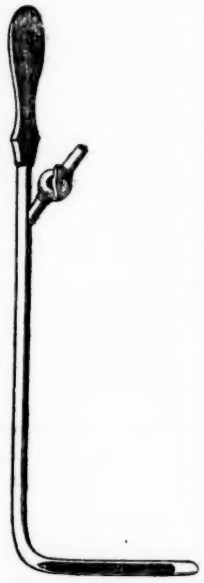
Mr. Solly asked if Mr. Thompson, in speaking of enlargement in old age, excluded all tumours, or merely alluded to the hypertrophy of the organ.

Mr. Thompson said he was not aware that Dr. Beith had made any numerical statement, though he recollected that gentleman presenting some specimens of enlarged prostate early in the history of the Pathological Society. Of the 41 specimens referred to in his (Mr. Thompson's) paper, 14 were enlarged; of these, six contained isolated tumours; the others being specimens of the ordinary kind of enlargement, commonly known as hypertrophy.

A RECTANGULAR CATHETER-STAFF FOR LITHOTOMY.

BY J. HUTCHINSON, ESQ.

The main peculiarities of the instrument were its rectangular form and its catheter stem. The advantages *of its form* were—1st, that it made the direction into the bladder straight, and thus obviated all danger of the knife leaving the groove; 2ndly, that the angle projecting prominently into the perinæum was more easily found than the curve of an ordinary instrument; 3rdly, that its groove commencing only at the angle, there was no chance of the urethra being opened too far forward, or the artery of the bulb being wounded; 4thly, that when once introduced, it did not easily change position. Its being a *catheter as well as a staff* was important; 1st, because it allowed the surgeon to be quite certain of its being really in the bladder before commencing the operation: 2ndly, because it permitted of the bladder being injected without any change of instruments, and thus prevented the risk of the water escaping. It was provided with a stopcock. The author insisted strongly on the importance of operating with a full bladder and the dangers of its neglect, and believed that one great recommendation of his instrument was, that it would much encourage and facilitate the practice. Adverting to the causes of accidents in lithotomy, he stated, that of a series (nine) which had come under his notice during the last few years, chiefly in the practice of the London hospitals, they had been due to—1st, the knife leaving the groove in the staff: 2ndly, the staff being at the time not really in the bladder; 3rdly, injury of the fundus of the bladder with the point of the knife; and expressed a strong opinion that the employment of the "rectangular catheter-staff" would have prevented them all. The instrument shown to the society had a side groove, and was adapted for the use of any form of knife the operator might prefer. It had been made by Messrs. Fergusson, of Giltspur Street. It had been tried in the dead-house a great number of times, and once upon the living subject, and always without any inconvenience. There was no difficulty whatever in its introduction. It was advised to be held in the usual way, moderately hooked up under the symphisis pubis, but by a slight movement of the handle its angle might be made to project more or less into the perinæum, according to the operator's wish. Mr. Hutchinson wished distinctly to state that he made no claim to originality of design. Dr. Buchanan, of Glasgow, had long ago recommended and used an angular staff for lithotomy, and more recently Mr. Fergusson had devised a grooved catheter for perineal section. The present instrument was merely a combination of the two principles. He believed, however, that it possessed in its catheter stem a



The groove, as shewn in this cut, is not nearly large enough at the angle. It ought to extend both further back up to the bend, and also to widen out, so as to include the under as well as the side surface. The wider the groove is at the angle, the more easily it is found by the knife.

very important advantage over Dr. Buchanan's, since it enabled the operator to ascertain with positiveness whether he was in the bladder. With instruments of the ordinary curve this is done by striking the stone, but as an angular one is very inconvenient for sounding it is liable, when made solid, to the objection that the surgeon might occasionally have to operate in uncertainty. The author also laid before the Society several other modifications of the angular staff which he had had made in the course of a long series of experiments as to the safest instruments for lithotomy. One of these had the groove beneath, and the knife adapted to it was a double cutting gorget, the beak of which was so made that when once placed it could not leave the groove. This he had once used on the living without inconvenience; but as it was liable to some objection, and as the side groove allowed of the operation being completed by a single knife and much simplified the apparatus, he had at length abandoned the principle which distinguished the former.

Mr. SPENCER WELLS said the rectangular staff had been described eight or nine years ago by Dr. Andrew Buchanan, of Glasgow, in a Scotch journal. That gentleman laid especial weight upon the point, that in his operation the staff should be pressed downwards, and not drawn upwards, so that the rectum, instead of being drawn into danger, might be pressed out of it. The projecting angle of the staff was brought very near the anus in the median line, and the forefinger of the left hand passed into the rectum to feel the apex of the prostate, taking care that the projecting angle was immediately in front of, and not behind, the prostate. Dr. Buchanan made a very different incision from that made in the ordinary lateral operation. The knife was passed into the groove of the staff, directly in front of the anus, and held horizontally, as if the operator were going to cut towards the tuberosity of the ischium, and in withdrawing the knife it was brought out downwards, so that the incision resembled one-half of the incision made by Dupuytren in his bilateral operation, except that it was much nearer the anus. In this way Dr. Buchanan considered that the rectum could not be injured. In his (Mr. Wells's) experiments on dead subjects, he had found that unless the assistant was careful, and the surgeon also, the angle of the staff was apt to slip into the bladder, and the prostate was pushed forwards towards the perinæum; and thus the bladder was opened either through the substance of the prostate or behind it, the old operation of cutting upon the gripe being thus performed. This was likely to take place unless great care was taken to feel with the forefinger in the rectum that the angle of the staff was made to rest exactly at the apex of the prostate; in fact, that the prostate was between the finger and the horizontal branch of the staff.

Mr. GAMGEE had seen Dr. Buchanan operate with the rectangular staff in the way described by Mr. Wells. He had seen Dr. Buchanan perform his sixteenth operation; and in this case, owing, apparently, to the rectum overlapping, as it were, the staff on either side, it had been wounded. He (Mr. Gamgee) had recently brought before the profession the method practised by the Neapolitans, after Moreau, who held the staff in the left hand, and made the curve project in the left side of the perinæum, and kept it constantly pressed towards the wound, opening the urethra at the apex of the prostate, and incising it to a very small extent.

Mr. ERICHSEN said that he thought Mr. Hutchinson's staff likely to prove of considerable value. He could give no opinion as to the merit of the rectangular shape, having had no experience of it, but he thought the combination of the catheter with the staff peculiarly valuable: it enabled the surgeon to inspect the bladder without changing instruments, prevented the escape of the injected fluid, that was apt to ensue between the withdrawal of the ordinary catheter and the introduction of the staff, and would tend to prevent some of the accidents that might befal a surgeon in lithotomy. Had he been provided with such an instrument an accident that had once occurred to him might have been avoided. A patient was sent to him with stone in the bladder, which was at once detected on sounding. When about to be cut the staff was introduced, apparently into the bladder, but no stone could be felt. A hollow sound, with a short beak, was then passed, and the calculus at once struck. The staff was again introduced, and, as it passed without difficulty of any kind, and the point could be felt on depressing the handle above the pubes, it was supposed by Mr. Erichsen, and those assisting him, that it was in the bladder; but that, having a large curve, the stone probably lay in this. Mr. Erichsen proceeded to cut the patient, and, on opening the groove of the staff found it was not in the bladder. Having satisfied himself of this, he withdrew the staff, and passed the hollow sound, with which he had previously felt the stone, cut upon this, and extracted a large calculus. The patient unfortunately died; and after death three old false passages were found leading from the urethra into the abdominal space, and by the side of the bladder. It was into one of these that the staff had passed, but the sound being larger, and having a short beak, escaped it, and entered the bladder. Now, had the staff been hollow, as in Mr. Hutchinson's instrument, such an event could at once have been recognised by the non-escape of urine. Since this case had occurred, Mr. Erichsen had heard of several instances in which a similar accident had happened. This led to the inference that the proper rule of practice should be, to feel the stone with the staff rather than with a sound when the patient was on the table. He did not know whether the use of the hollow staff in perinæal section originated with Mr. Fergusson or Mr. Thompson, but he had used the instrument with great advantage during the past twelve months.

Mr. J. CLOVER said he had adopted the plan, also suggested by Mr. Henry Thompson, of injecting two or three drachms of olive oil, whenever he anticipated any difficulty in passing the instrument.

Mr. HENRY THOMPSON did not know who was the first to employ a grooved staff for cutting the perinæum. He used it a twelvemonth ago, and certainly preferred it to the plain staff. He employed it in connection with Syme's shoulder-staff, allowing the groove to run through, so that if there was any doubt as to whether the instrument was in the bladder, it could be at once set at rest by turning the tap, and allowing the urine to flow. The injection of oil, to the extent of half an ounce or an ounce, he had found of much greater service than oiling the instrument.

Editor's Letter Box.

THE CATTLE EPIDEMICS AND DISEASED MEATS, IN CONNEXION WITH THE PUBLIC HEALTH.

LETTER FROM JOSEPH S. GAMGEE, ESQ.

SIR,—I last evening made a communication to the Pathological Society of London on the subject of *Cattle Epidemics* and diseased meats in relation with the public health. The President and members expressed a general and very decided opinion, by the manner in which they received my statement, that I had not overrated its importance; and if you, sir, entertain the same belief, I trust to your bringing the following facts to the public notice.

The statement I am about to make is substantially the same as I made to the Pathological Society last night; my note books contain many more facts of a similar nature, and they shall, with the least possible delay, be published with the results of the inquiries I am personally conducting. I pledge myself to make no statement without the fullest and most strictly accurate evidence.

On Monday morning, the 16th instant, I proceeded to the New Cattle Market, in Copenhagen Fields, to inspect the live and slaughtered cattle. The live beasts were generally extremely well conditioned and thoroughly sound, but standing among them were three beasts diseased. One of these was emaciated and hidebound, with abscesses in various parts of the body, particularly over the region of the head and neck; from the clinical observations I made on diseased cattle nine years ago, I believe this case was most probably one of pyæmia following typhoid fever. A second beast was in ill health, viz., thin and feverish, but I could not make a precise diagnosis. The third diseased beast was a fat one. It was lying down moaning, looking round anxiously at flanks; pulse 110; respiration 45; pleuro-pneumonic. I now proceeded to the slaughter-house of the market.

In that slaughter-house I saw five carcases, three of oxen, two of sheep. One of the latter was of magnificent shape and condition, so far as fat was concerned, but the whole carcase had a uniform dusky red colour, evidently the result of general infiltration with bloody serosity. The carcase having been trimmed and completely dressed for the butcher, I had no means of inspecting the viscera. Two of the oxen were much emaciated, and had apparently died with typhus or typhoid; they presented numerous bloody extravasations in the subcutaneous cellular, intermuscular, and subpleural cellular tissue. I should have required to see the intestines in order to state

accurately the nature of the disease, but the viscera had been removed. The third ox was large, moderately fat, pleuro-pneumonic. I carried away the lungs of this beast; they were infiltrated with solidified plastic matter in almost their whole extent; so that, whereas their average weight should have been about eight pounds, it was twenty-seven pounds. The disease was in its acute stage; although the carcase had been very skilfully trimmed and dressed, the flesh in the walls of the chest and abdomen bore unmistakeable marks of disease. The slaughterman stated that these carcases would be conveyed to the city markets, where they would be sold as food. In his opinion these carcases were not diseased, nor would they be considered such by the city meat inspectors. He even maintained that the lungs were not diseased; they only contained congealed healthy blood!!

I yesterday (17th instant) proceeded to the Mansion House with a portion of the above diseased lungs, and of a healthy lung, to demonstrate the difference. I was not permitted to make a statement of the facts in open court, the clerk stating such a course could not be pursued. As the Lord Mayor did not sit in court yesterday, I took the liberty of sending in my card to his lordship, with a prayer for an interview, which was most graciously granted; but his lordship could not, in his capacity as magistrate, hear any verbal statement; and he suggested that I might take out a summons against any guilty party, or submit him a written statement which he would submit to the city markets commission. I most sincerely thanked his lordship, and applied in the court for a summons against Thomas William Farey, the slaughterman whose name was painted on the door of the building in the New Cattle Market wherein I saw the diseased carcases, and whence I had carried away the lungs; being careful, however, to obtain full evidence that those lungs had belonged to a beast slaughtered and hung up as fit for human food by a servant of the said Thomas William Farey. But the summons against this individual was not granted me, on the plea that the New Cattle Market in Copenhagen Fields is not in the city police district, but in a totally different one, in which jurisdiction was exercised by the magistrate sitting in Westminster. His worship received me most kindly, and with great pains examined with me the Acts of Parliament under which we might summons Thomas William Farey. His worship stated that the case was new to him, that he did not feel that he had any jurisdiction under the circumstances, but he pressed me to continue my researches, with the certainty of being of great public utility.

The amount of diseased meat sold in London is enormous. Sanitary legislation with reference to this particular subject, is defective in principle, in so far as based on insufficient knowledge; it is useless in practice, in so far as it is entrusted for execution to a very few persons, neither fitted by education nor station to protect the public health. I shall demonstrate the whole nature and extent of this gigantic evil,—point out the errors in legislation, errors of omission and commission, and propose simple, economical measures, which, if immediately carried into effect, will arrest the evil all but instantly. Inspectors, competent in knowledge, sufficient in number, must be appointed at all ports of importation, to live and dead meat markets; those inspectors must be professional men who can distinguish between simple pneumonia, epidemic pleuro-pneumonia, typhoid fever, and pestilential typhus, to all of which diseases cattle are extensively subject. These inspectors must be men of energy, and the work must be begun immediately and thoroughly. All private slaughter-houses in large cities, in London more particularly, must be abolished. Public slaughter-houses must be established; they will pay their own expenses, and sufficient guarantee can then be given that healthy beasts are killed and distributed to the population.

In conducting these inquiries, in appreciating the evil, in legislating for it, the interests of all parties must be duly weighed and provided for. The question must be treated with the lights of medical and veterinary science, in strict accordance with the principles of political economy.

My machinery for the work is sufficient. My brother, who is professor at the Royal Veterinary College, Edinburgh, is pushing the inquiry in every direction. My father, a veterinary surgeon, is my assistant; and, so far as I am personally concerned, I am prepared to stand or fall by the issue. The evil shall be exposed—the remedy proposed: as a councillor of health I shall then feel to have done my duty. Let legislators do theirs. I am, etc., JOSEPH SAMPSON GAMGEE,

Late Staff-Surgeon of the first class.

Upper Woburn Place, March 18th, 1856.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Thursday, March 12th.

ARMY MEDICAL REFORM.

THE House went into Committee of Supply; and

Mr. PEEL made the motion on the army estimates.

Mr. STAFFORD expressed his regret that nothing had yet been done to carry out the recommendations of the committee which sat last year in reference to the medical officers of the army. Their position in the army remained now exactly as it was when the war broke out, although the present Government, when it came into office, had given a distinct assurance that the department should be completely revised. Under the Government of the noble lord, the army in the Crimea had been brought into a state of the highest efficiency; the comfort and health of the soldiers had been promoted in every way; but now that other topics had taken possession of the public mind, he was afraid that the Government might put off army medical reform on the score of economy. The state of suspense in which the Army Medical Department had been kept for nearly two years had created among them a feeling of disappointment, vexation, and a disinclination to continue in the service; and they desired to be told one thing or the other—either that the Government were going to do something for them or nothing. If the bravery of the British soldier, his fortitude, discipline, and good conduct, rendered his life and comfort very precious, and if his life was made still more valuable by the impossibility of filling up gaps in the ranks proceeding from death by conscription, then he called upon the House, by the remembrance of the Crimean difficulties and the recollection of the Crimean glories, to see that the care of the soldier's life was not left to a class into which the scale of pay and position obtained were not calculated to attract young men of the greatest eminence and promise; while, at the same time, the East India Company, the large steam-packet establishments, the requirements of the colonies and of an increasing population, draw from the army medical profession many men of ability.

Sir DE L. EVANS said, that no department had been more exposed to difficulty in the Crimea than the Medical Department of the Army; and he trusted that, when the army estimates came before the next Parliament, some general statement would be made in reference to that department. For the sake of the efficiency of the army before the enemy, it was important that the utmost attention should be paid to the state of the medical department. In reference to another department —the Commissariat—the discussion which had taken place had brought to the painful recollection of the House that that branch had been almost entirely neglected before the recent war. Public attention had been drawn to this subject very much; and he had seen, in an extremely sensible work published by a Commissariat officer, the suggestion that, instead of being a civil department, the Commissariat, with the exception of the accountant branch, should be altogether military. Such was the case in India; and, in respect to his division in the Crimea, great advantage was derived from the assistance, for commissariat purposes, of two or three military officers, who, however, could not continue that aid when their division came before the enemy. He ventured to hope that the Government would take this point under consideration before the meeting of next Parliament.

Sir J. FERGUSSON observed, that the committee of which he was a member had recommended that an extra assistant-surgeon should be appointed to every regiment; for it was found that, as there was only one assistant-surgeon to each regiment, not only was it impossible for the surgeon and his assistant to discharge their duties efficiently, but those officers were unable to obtain leave of absence. If, from sickness or any other pressing cause, the medical officers were compelled to absent themselves from their regiments for any length of time, they were obliged, at their own cost, to provide for the medical charge of the troops during their absence. He believed the Duke of Cambridge had expressed a decided opinion that an extra assistant-surgeon should be appointed to every regiment, and that medical officers ought to receive leave of absence on the same scale as the other officers. At the commencement of the late war, there was no department of the army in which there was so marked a deficiency as in the

medical department. After the battle of the Alma, the wounded remained on the field for at least twenty-four hours before they received medical attention, owing to the want of a sufficient number of medical officers. He thought that, in whatever department of the army reductions were effected, there ought to be no diminution in the number of regimental medical officers.

Colonel North said, he was a member of the committee referred to by the hon. baronet, which was most fairly constituted and which had recommended an increase of pay to medical officers of the army; and he hoped the Under-Secretary for War would be enabled, when the report of supply was brought up, to state whether the Government intended to take any steps to carry out the recommendations of the committee with regard to a most meritorious class of officers.

Mr. Peel could assure the committee that the state of the Medical Department of the Army continued to receive the attention of the Government. He had himself been a member of the committee, but he did not remember that they recommended the employment of an increased number of medical officers. If that were the case, however, the Government had carried out their recommendation; for there had not only been an increase in the number of surgeons attached to infantry regiments, but there had also been a very large increase in the medical staff. Comparing the expenditure for the medical staff of Great Britain and Ireland in 1852, 1853, and 1854, with what it was at present, it would be found there been an increase amounting to about £40,000 a-year.

Mr. Stafford said, the hon. gentleman (Mr. Peel) had not given an answer to his question. He had not stated what were the intentions of the Government with regard to the Medical Department of the Army.

Sir W. Codrington said that, with regard to the regimental medical officers, he could assure the committee that they were not adequately rewarded for their services. He knew many of them who had served during the whole war with the army in the East, who had encountered what he might term all the medical difficulties besides the war difficulties, who had grappled with the cholera in Bulgaria, who had subsequently attended the army in the Crimea, who had discharged arduous duties on battlefields and in the trenches, but who now remained at home without reward, promotion, or distinction of any sort. [*Hear, hear.*]

Friday, March 13th.

ARMY MEDICAL REFORM.

Mr. Stafford repeated the question which he had put to the Under-Secretary for War on the previous night, on the subject of the Medical Department; not that he had any hope of receiving a favourable answer, for if the hon. gentleman had had any reform to announce, he would not have been silent on it last night. He would, however, enter his earnest and mournful protest against sending out troops for active service in China, without some steps being taken to insure them against a recurrence of the terrible calamities which had happened in our military hospitals at the commencement of the last war. When those troops disembarked in China, another general hospital would be opened on those shores, which would be conducted on the same principles,—or rather with the same want of principle, and would be exposed to the same confusion of departments, and the same clashing of authorities, which had made Scutari what it was. His complaint was, that the promises made by the Government, and more particularly by the noble lord at the head of the Government two years ago, that the Army Medical Department should be thoroughly reformed, had been set at nought. As a mere matter of economy, and apart from philanthropic motives, every care ought to be taken of the lives of our soldiers, and every measure adopted which experience showed to be necessary to make the Medical Department completely efficient. He should be glad to hear from the Government that they were prepared to redeem the promises which they had made when they went into office, and if he had the honour of a seat in the next Parliament, he should bring the whole subject before it.

Mr. Peel said, the question now put to him by the hon. gentleman was not exactly a repetition of that which he asked last night. The question asked by the hon. member last night was, whether the Government had taken, or contemplated taking, any steps to carry into effect the resolutions agreed to by a committee of last session with reference to the state of the Army Medical Department. Since last evening he (Mr. Peel) had read those resolutions, and he found that the more important recommendations contained in them were, that there should be an increase in the scale of pay of medical officers, and that additional facilities should be afforded for their retirement upon half-pay. He agreed with those resolutions. He would not deny that the advantages offered in other departments of the service had the effect of preventing the most able medical men from competing for employment in the Army Medical Department, and he was anxious that the medical officers of the army should possess at least equal advantages with those enjoyed by the same class of officers in other departments. The hon. gentleman was aware that the amount which the Government could expend upon the army was restricted, and it was necessary to make a selection among the various improvements that were suggested. Those improvements which were regarded as of the greatest importance were first carried into effect; and others, which, though important, were of less pressing necessity, were postponed. This was the reason why the improvements, to which the resolutions referred, had not been carried into effect. The hon. gentleman had expressed his confidence that there was no prospect of anything being done by the Government. He (Mr. Peel) did not know on what grounds the hon. gentleman could justify such a statement. He believed that the hon. gentleman was as well aware as he was himself that it was the intention of the Government to issue a commission to inquire what alterations and improvements could be effected in the existing arrangements of the Army Medical Department; and he (Mr. Peel) confidently believed that the recommendations of that commission, coupled with the resolutions of the committee of last session, would enable the Government to deal with this question in a manner which would be satisfactory to the medical officers and beneficial to the service. The hon. gentleman had indulged in very gloomy predictions with regard to the sanitary state of the troops who were about proceeding to China. The climate of that country was undoubtedly unfavourable to European constitutions; but he was confident that all possible arrangements for preserving the health of the troops would be made, so far as that object could be effected by the provision of ample hospital accommodation, the supply of all requisite medical stores, and the sending out of a numerous body of medical officers.

Mr. Stafford observed, that what he had stated was, that the defective organisation of the general hospital system was one of the chief causes of the mortality at Scutari; and that that system had not been improved.

Sir W. F. Williams said the honourable gentleman (Mr. Stafford) had referred to the inefficiency of the hospitals at Woolwich; but he could assure the honourable member that he had been totally misinformed on that subject. He (Sir W. F. Williams) invited the honourable gentleman, and any other members of that House, to visit those hospitals. A few weeks since, he had the honour of escorting Miss Nightingale over the whole of the establishments, when she expressed herself highly pleased with the arrangements; and on the following day, Colonel Lefroy wrote to him, expressing the great gratification Miss Nightingale had derived from her visit to the Artillery and Cadet Hospitals, and her opinion that they were among the best military hospitals she had seen.

Mr. Stafford said, with reference to the observations of the gallant general (Sir W. F. Williams), that he had no doubt Miss Nightingale had praised the efficiency of the Woolwich hospitals; but he would ask whether the sites, the structure, and the sanitary arrangements of those hospitals, were such as would be approved by medical men? That was all he (Mr. Stafford) had meant to say, without intending to cast the least imputation upon the officers of the Army Medical Department, either at Woolwich or Portsmouth.

PROFESSORSHIP OF MILITARY SURGERY IN THE UNIVERSITY OF EDINBURGH.

Mr. Cowan asked whether it was the intention of the Government to fill up the Professorship of Military Surgery in the University of Edinburgh, which became vacant by the death of Sir G. Ballingall, about the end of 1855?

Mr. Peel replied that it was the intention of the Government to appoint a Professor to the Chair of Military Surgery in Edinburgh. Arrangements were being made for that purpose, and the appointment would take place in the course of a short time.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

*BUTLER. On March 16th, at Chapel Street, Pentonville, the wife of William Butler, Esq., Surgeon, of a daughter.

HALSE. On March 17th, at 4, New Bridge Street, Blackfriars, the wife of Charles Smith Halse, M.D., of a son.

JAMES. On March 17th, at 25, Nelson Terrace, Stoke Newington, the wife of Joseph W. Wilmot James, Esq., Surgeon, of a son.

PRICE. On March 11th, at Marlborough, the wife of Richard Edmonds Price, Esq., Surgeon, prematurely, of a daughter.

READ. On March 17th, at 1, Gordon Place, Kensington, the wife of Thomas L. Read, Esq., Surgeon, of a daughter.

STEWART. On March 12th, at Edinburgh, the wife of A. Stewart, Esq., Surgeon, of London, of a daughter.

TIPPLE. On March 13th, at Lower Mitcham, the wife of F. A. Tipple, Esq., Surgeon, of a son.

*WARDEN. On March 12th, at 9, Cherry Street, Birmingham, the wife of Charles Warden, M.D., of a son.

MARRIAGES.

MUNRO—BELL. MUNRO, William, M.D., Surgeon 93rd Highlanders, to Dora Laidlaw, daughter of the late James Bell, Esq., at Southsea, on March 13th.

TASSELL—HARVEY. TASSELL, Robert, Esq., Surgeon, of Iver, Bucks, to Ann Maria, eldest daughter of John Fagg Harvey, Esq., of Godmersham, Kent, on March 17th.

WISE—SUTHER. WISE, Thomas Taylor, Esq., R.N., to Mary Anne, daughter of P. Suther, M.D., Deputy Medical Inspector of Hospitals and Fleets, at St. Saviour's, Jersey, on March 10th.

DEATHS.

*MARTIN. On March 15th, at her son's residence, St. Bartholomew's Hospital, Mary, wife of Peter John Martin, Esq., Surgeon, of Pulborough, Sussex, aged 72.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners on Friday, March 6th, 1857:—

JACKSON, Thomas Vincent, University College
JONES, William Podmore, Old Kent Road
LIDDARD, Thomas, Notting Hill
RAWLING, William Thomas, Thurloe Square, Brompton
ROBERTS, David Lloyd, Manchester
SANG, William Burnup, Newcastle-on-Tyne
SIDDALL, George Oldham, Alfreton, Derbyshire
SWEETING, Thomas, Reading, Berkshire

Friday, March 13th:—

ARMSTRONG, George Dawson, Norwich
BATTEN, Rayner Winterbotham, Plymouth
CLARK, Charles, Cambridge
DAVY, Francis Jefford, Knighton, near Newton Abbot, Devon
DUKE, Roger, Hastings
EDWARDS, Henry John, Bampton, Devon
GROSS, John Edward, Earl Soham, Suffolk
LITTLETON, William, Saltash, Cornwall
OLIVEY, Hugh Pengilly, Mylor, near Falmouth
SHARPIN, Edward, Bedford
SPENCER, Robert, New Malton, Yorkshire
THANE, George Dancer, Camden Town

LICENTIATES IN MIDWIFERY admitted at a meeting of the Board, on March 16th:—

COVENTRY, George Mallet, Ottery St. Mary: diploma of membership dated December 19th, 1851
DYER, George Henry, Plymouth: February 20th, 1857
EDWARDS, Henry John, Bampton, Devon: March 13, 1857
GROSS, John Edward, Earl Soham, Suffolk: March 13, 1857
JAMES, Moses Prosser, London: October 30th, 1856
RENGIFO, Pio, New Granada: February 27th, 1857
RILEY, James, St. George's Road, Belgravia: July 4, 1856
ROBSON, Frederick Abercrombie Hope, Kensington: June 27th, 1856
SCOTT, Francis, Crondall, Hants: March 14th, 1856
SMALLMAN, Joseph Clement Bruce, Chester Street, Grosvenor Place
SMITH, Frederick Henry, Blackheath Road: February 27th, 1857
SPODE, Josiah, Tasmania: May 12th, 1856
STORRS, Robert, York: December 12th, 1856
SWEETING, Thomas, Reading, Berkshire: March 6th, 1857
WATTS, Robert George, Clifton, Bristol: April 13th, 1855
WILLIAMS, Joseph, Westerleigh, near Bristol: February 27th, 1857
WILSON, Frederick William, Clarence Terrace, Regent's Park: July 9th, 1855

APOTHECARIES' HALL. Members admitted on Thursday, March 5th, 1857:—

ASHTON, Edward, Wainfleet, Lincolnshire
BROOKS, Richard Birkett, Sleaford, Lincolnshire
GEORGE, Charles Frederick, Kirton-in-Lindsey
GRIFFITHS, Francis John, Bilston, Staffordshire
JACKSON, Henry William, Louth, Lincolnshire
PALMER, Frederick Augustus, Landport, Portsmouth
READ, Joseph, Southam, Cheltenham
YOUNG, John Augustine, Maidstone

Thursday, March 12th:—

BROOK, Henry, Caxton, Cambridge
CARVER, Charles Handasyde, Great Yarmouth
REED, Frederick, Kensington
RUSSELL, George, Merthyr Tydvil
YARWOOD, Charles, Birmingham

HEALTH OF LONDON:—WEEK ENDING MARCH 14TH, 1857.

[From the Registrar-General's Report.]

THE total number of deaths registered in London, which in the previous week was 1175, was in the week that ended last Saturday 1156, showing again a decrease which has been maintained during the last five weeks, and which in circumstances as favourable as those of the present time is to be expected towards the end of the first quarter of the year. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1199. If this is raised in proportion to increase of population, it becomes 1319, and represents the number of deaths which the average rate of mortality would produce at the present time; and it is shown by a reduction in the actual number to the extent of 163 that the public health is at present decidedly better than usual.

The number of births exceeded the number of deaths by 488. Of the 1156 persons who died, 573 were males and 583 females.

The deaths referred to diseases of the zymotic character were last week 217; the corrected average of corresponding weeks is 245. Five children and a person of middle age died of small-pox, 11 children of croup, 24 of scarlatina, 27 of measles, 38 of typhus and common fever, and 72 of hooping-cough. The deaths from diarrhœa declined to 9. The southern division—namely, all that part of London which lies on the south side of the river—is at present unusually free from epidemics. No deaths occurred in it last week from small-pox; only one from measles, four from scarlatina, ten from hooping-cough, two from diarrhœa, and eight from typhus. The total number on the south side from these six diseases was 25, being the seventh part of the total number in the metropolis, though the population of the former is to that of the latter nearly as one to four. The registrar of Somers Town states that there are some cases of small-pox in the neighbourhood of Pancras Square. Bronchitis was fatal last week in 135 cases; pneumonia in 100; the mortality from the latter disease now becoming greater relatively to that of the former. A woman died in the Greenwich Workhouse from mortification, the effect of frost two months ago. Only one nonagenarian died in the week; viz., the widow of a coachman in Clerkenwell, who had attained the age of 96 years.

Last week the births of 858 boys and 786 girls, in all 1644 children, were registered in London. In the ten corresponding weeks of the years 1847-56, the average number was 1606.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·607 in. The highest reading

in the week was 29·92 in., on Thursday. The mean temperature of the week was 37·2°, which is 3·3° below the average of the same week in 43 years (as determined by Mr. Glaisher). On Wednesday, the mean temperature was only 33·3°, which is 7° below the average. The lowest temperature occurred on Tuesday, and was 28°; the highest was 56·6°, and occurred on Saturday, the only day on which the mean temperature was above the average. The entire range of the week was 28·6°. The mean dew-point temperature was 31·9°, and the difference between this and the mean temperature of the air was 5·3°. The wind which was generally in the north and N.N.E. at the beginning of the week, blew afterwards from the south-west. Rain or hail fell to the amount of 0·33 in. Heavy hail storms occurred on Sunday (the 8th instant). During one storm, the temperature fell 9° in five minutes; and in another, the balls were unusually large, and measured in some instances three inches round at their base.

A Pretended Doctor. At the Marlborough Street Police Office, on Tuesday, March 10, Charles Clark was charged with obtaining money from Lord Frederick Calthorpe, of Grosvenor Square, by false and fraudulent pretences. Lord Calthorpe—The prisoner in June last introduced himself to me as Dr. Domville, of Southwark, and represented that he was in the habit of giving medical advice and assistance to poor people in the district gratuitously; but as his means of doing good were limited he was obliged to ask the assistance of the benevolent in cases of a deserving character. The prisoner then proceeded to detail the case of a poor woman, for whom he said he was interesting himself. Believing the prisoner's statement I gave the pretended doctor a sovereign, without having made previous inquiry. I mentioned the circumstance at the Mendicity Society's office a few days afterwards, and then I was informed that I had been imposed upon. John Horsford, one of the society's constables, knew the prisoner. He apprehended him that morning just as he came out of prison, where he had been confined for a similar offence. Remanded till Saturday.

"Your True Doctor". Well, I do it because I like it. It's a sort of sporting with your true doctor. He blazes away at a disease when he sees one, as he would at a bear or a lion; the very sight of it excites his organ of destructiveness. Don't you understand me? You hate sin, you know. Well, I hate disease. Moral evil is your devil, and physical evil is mine. I hate it, little or big. I hate to see a fellow sick. I hate to see a child rickety and pale. I hate to see a speck of dirt in the street. I hate to see a woman's gown torn; I hate to see her stockings down at heel. I hate to see anything wasted—manure wasted, land wasted, muscle wasted, pluck wasted, brains wasted. I hate neglect, incapacity, idleness, ignorance, and all the disease and misery which spring out of that. There's my devil; and I can't help, for the life of me, going at his throat whenever I meet him. (Kingsley's *Two Years Ago.*)

Food and Physic. The following very quaint paragraph appeared in the *Courier de l'Oise.* "The physicians of the town of Senlis, taking into consideration the progressive rise in all the necessaries of life, inform the public that, pursuant to a common agreement, they will raise their fees from and after January 1st, 1857."

An Economical Asylum at Last. The Committee of the Bristol Town Council have awarded the premiums for the three best plans, as follows:—First prize, £100, made to Mr. T. R. Lysaght, Bristol; second prize, £50, to Messrs. Medland and Maberly, London and Gloucester; third prize, £25, Mr. J. H. Hirst, Bristol. The cost of the erection of the approved plan is guaranteed at under £20,000. We believe that the estimate is £18,000. The cost of the land will be about £3000; and when the furnishing has been completed, the entire cost will probably be about £25,000. The payment will be spread over twenty years.

Female Physicians in America. There are not far from twenty of them—and several are in excellent business. They confine themselves generally to midwifery and the diseases of their own sex. Their success in the former branch tends to establish them firmly in families. The number will probably be gradually on the increase, since they are beginning to be employed in the neighbouring cities of Charlestown, Cambridge, Roxbury, and adjacent towns, much more than formerly. (*Boston* [U.S.] *Medical World.*)

POOR-LAW MEDICAL REFORM.

MEETING OF STUDENTS IN ST. MARTIN'S HALL.

On Thursday, March 12th, an aggregate meeting of the students of the metropolitan and provincial schools of medicine was holden in St. Martin's Hall, Long Acre, in support of the cause of Medical Reform. The chair was taken by A. H. Layard, Esq., M.P. There was a numerous assemblage of students, amounting to above five hundred; and the meeting was also attended by several practitioners of London and the neighbourhood, including Professor Quain, Dr. C. J. Hare, Mr. M'Whinnie, Mr. Holmes Coote, Dr. P. Fraser, Mr. Critchett, Dr. Semple, Mr. Spencer Smith, Dr. Wynter, Mr. C. F. J. Lord, Mr. G. E. Nicholas, Mr. Whiteman, Mr. J. F. Clarke, Dr. Henry, Dr. Gibb, Mr. J. S. Gamgee, etc.

The Chairman, on opening the proceedings, said he at first felt some diffidence in undertaking the advocacy of a movement with which, heretofore, he had been but little acquainted; but, after looking over the papers which had been placed in his hands, he found the question to be one very easily understood and mastered. What was the state of the case? There was a profession which ministered to the wants of the community, a profession, consequently, than which there was not a nobler, or more useful, or more deserving the gratitude and esteem of those among whom its duties were exercised. [*Hear, hear.*] In order to obtain the privilege of exercising that profession, young men were required to go through very severe studies, occupying a considerable portion of the most valuable part of their lives, and a large outlay of money. Having passed their examinations, and paid their fees, they were then thrown on the country to look after the health, and consequently the happiness, of the whole community. Very many of the members of the profession were engaged in administering to the poorer classes, the substratum on which all other classes of society must rest. In their work of usefulness, they had many privations to endure; they had to a great extent to sacrifice domestic enjoyment, and were called upon in all seasons and at all hours of the day and night to hurry to those who might be in need of their aid, giving up everything for the preservation of the health and lives of those poor persons intrusted to their care. They had also to provide themselves with instruments, frequently with costly drugs, and sometimes to do that which was often considered a sign of respectability—keep a horse and gig, being all the time at the beck and call of those under whose orders they were placed, from twelve o'clock one night to twelve o'clock the next. Of course, it would be at once naturally assumed that gentlemen thus occupied would receive adequate remuneration for their services; but, according to a return which he held in his hand, it appeared that on an average they did not receive more than three shillings a case. [*Cries of "Shame".*] It was extraordinary that such a state of things existed. It was a trite saying that the health of the community was the wealth of the community; the question, therefore, was not simply a professional, but an economical one, in which every member of society was interested. [*Cheers.*] It appeared that the average value of that which was supplied out of the pockets of the medical men in such cases was almost equal to the sum received by them for attendance: hence it was evident that a man must either neglect those who were committed to his care, or be out of pocket in the discharge of his duty; either of which alternatives was disgraceful to the community that suffered it. The matter had been investigated by a committee of the House of Commons; and, as was frequently the case when such things were what is technically called "sent up stairs", it appeared to have been unceremoniously kicked down stairs again. Much useful information was taken before the committee, to some of which public attention ought to be called. A clergyman, the Rev. Mr. Howman, who had ample opportunities of observation, stated that the present system worked badly for all parties; the guardians, the medical officers, and the poor, being alike discontented. The question, as he had said, was an economic one; because if, by the smallness of the pay, medical men were compelled to neglect those who were committed to their care, what was the result? That the lives of many poor men were endangered, and if they died their families became a burden on the parish, and an expense to the ratepayer. The statements that had been made on the subject would be perfectly incredible if they had not been well substantiated. A gentleman who had

taken great interest in the movement, and had conferred a great benefit upon the profession—Mr. Griffin [*cheers*]—had ably brought the matter before the public. He had given a summary of the duties performed by himself during the half-year ending Sept. 29th, from which it appeared that during that period he had 353 out-patients, paid 1,507 visits at patients' houses, received 481 persons in his surgery; distributed an amount of physic which to him (the Chairman) seemed almost enough to poison the entire population of the country [*laughter*]; viz.: 902 mixtures, 277 boxes of pills, 44 liniments, 110 lotions, 101 boxes of ointment, 91 packets of powders, 23 blisters, 7 draughts, 7 plasters; besides three confinements, one amputation, one removal of a large tumour, extracting teeth, and the like; for all of which drugs and attendances he received the munificent sum of £17 10*s*. [*Hisses.*] It was evident that Mr. Griffin must be a very unprincipled or a very honest man; and as they knew him to be the latter, he must have been a very considerable loser by his draughts, pills, and lotions. He had that day received a letter from a gentleman in a similar position, and who related his experience in a similar manner. The number of cases he had to attend had increased from 752 to 1325, and his salary had been reduced from £85 to £60. Mr. Griffin had been very much engaged in correspondence with the Circumlocution Office. First he wrote to the Board of Guardians, who told him that he must write to the Poor-law Board; the Poor-law Board referred him back to the Board of Guardians, and the Guardians sent him again to the Poor-law Board, and at last he had been informed that his case was "under consideration," which, of course, meant that it would never be considered at all. [*Laughter.*] Having worn out the soles of his boots in going backwards and forwards between the different Circumlocution Offices, he had addressed a pamphlet, containing a statement of the facts, to Lord Palmerston, who, of course, would never read it. The answer to all complaints had been, that where there was a demand there was a supply, and if one man would not do the work another could be obtained. This was often urged by those to whom the argument would better apply; and no doubt the gentlemen of the Poor-law Board would be greatly surprised if they were told that the business they did might be done a great deal cheaper by others, and (what could not, perhaps, be said of the medical men) a great deal better. But the argument was worthless. The question was, were the services rendered by the profession such as entitled them to a fair remuneration? and would anyone say that 3*s*. a case, each case extending on an average over twenty-eight or thirty days, and involving continual attendance and a considerable outlay, was in any way equal to the services which the public had a right to ask from those who were employed under the Poor-law Guardians? A very moderate scale (5*s*. for each case) had been proposed, and he had no doubt the public would see that it was adopted. For himself he should be happy to further the object, if he were in the new Parliament, being convinced that it was one in which the interests of the entire community were concerned. (The honourable gentleman resumed his seat amid loud cheering.)

Mr. Farr, one of the Honorary Secretaries, read a brief report detailing the efforts that have been made to procure redress of the grievance in question since the meeting of the profession in the Hanover Square Rooms in 1846.

Mr. M. Mackenzie (London Hospital) moved the first resolution: "That the existing system of Poor-law medical relief is fraught with evils which call for immediate reform." He congratulated the students on again assembling to give public expression to the calm though deep-seated indignation with which they had viewed the insults offerred to the medical profession. The enthusiasm with which, less than two years ago, they supported the cause of the naval assistant-surgeons, and the signal success that attended their strenuous efforts, had encouraged them in holding the present meeting. Would the students of Great Britain now look on with apathy, whilst the poor of their country were exposed to grievous wrongs, and many members of their profession were suffering from that oppression and injustice in which they themselves must shortly participate? The evils of the present obnoxious system were so great and so numerous, that he (the speaker) scarcely knew how to commence their category. Much of the mischief, however, of the present state of things, was due to the miserable meanness and petty tyranny with which Boards of Guardians were wont to requite the valuable services of able and useful officers. No sooner did a union surgeon, in the conscientious discharge of his duties, render himself unpopular to the guardians, whose office seems rather to guard their own purses than the interests of their parish, than charges as groundless as frivolous were at once transmitted to the Poor-law Board. As a matter of routine, an oracle emanated from the precincts of Whitehall supporting the Local Board in its iniquitous proceedings. Were not these evils calling for immediate reform? But, irrespective of the guardians, there were many evils demanding redress; for, under the existing system, the payment of medical officers was neither uniform nor equitable. In many districts the union surgeon, whose expensive education had cost him many valuable years and considerable pecuniary outlay, whose exposure to the most inclement weather and the most infectious diseases, whose mental anxiety and physical labour too frequently shorten his days, received, as generous remuneration, a miserable pittance that would be despised by his groom—a sum less, indeed, than was frequently paid to the superintendent of paupers employed in picking oakum. Nor could the Poor-law Board, in the plenitude of its dignity, plead the meagre argument, "that as they could for a mere title obtain the services of medical officers, they were justified in so doing." For it had been frequently and fairly urged that there were many lawyers who would be willing to accept office in the Poor-law Board at half, or even less than half, the salaries that were now paid. But this did not prove that the officers of the Poor-law Board ought to be underpaid as the union surgeons were now underpaid. Again, the present system injuriously affected the poor, who, even in the most urgent cases, were obliged to obtain an order from the relieving officer before they could get medical assistance. Much valuable time was thereby lost to the practitioner, and much irreparable damage was often the result to the patient. But the constant changing of the medical attendants of the poor was still more injurious to their welfare. A public appointment was looked upon as an introduction to private practice; and hence vacancies which occur were quickly filled up. But no sooner has the practitioner held the appointment for a year or two than he finds himself so great a loser by the contract, that he straightway resigns the appointment, or retains it at a great loss to himself, merely for the sake of keeping a rival out of the field. It had been incontestably proved that much of that pauperism which shackled the prosperity of the country was due to inefficient medical relief; and hence the short-sighted policy pursued by Boards of Guardians (who, as a general rule seemed to think that the greatest economy consisted in acting with uniform parsimony towards the medical officer) not only inflicted great injury on the unfortunate poor, but also put the country to great additional expense. The voice of philanthropy, of patriotism, demanded that these evils should be redressed. It had been said that Poor-law medical reform is not a matter for the interference of students. This he (the speaker) emphatically denied. Did the welfare of 3,000 medical practitioners, he asked, arouse the sympathy of the meeting? Many of those present would probably, in a short time, be holding Poor-law appointments: it therefore particularly behoved them to act with that public spirit which he trusted they would ever display in the actual practice of their profession. The influence of the students of medicine was a mighty power, never wielded in vain. Once, and once only, in the cause of justice and humanity had it been employed, and then with what gratifying success! Firmness, moderation, and unanimity would again accomplish splendid results, and secure a second time a great and glorious victory.

Mr. H. G. Skinner (Charing Cross) seconded the resolution, which was carried unanimously.

Mr. C. Drysdale (University College) moved the second resolution—

"That the present system grievously injures the efficiency of the relief afforded, by crippling the resources, limiting the powers and lowering the standard of skill among the administrators of that relief; and that the remuneration afforded is inadequate to the labours which are demanded of them, the skill which they should possess, and the expenses incidental to their position."

Having described the evils of the present system, he pointed out what he conceived to be the remedies. These remedies appeared to him to be twofold:—first, what government could do; and, secondly, what government could not do. Government had done much to encourage various branches of industry; but it had not been equally mindful of the claims of scientific men. He, therefore, proposed as the desideratum, so far as government was concerned, that a minimum salary should be fixed for Poor-law and other government medical officers, in order to raise a higher standard for applicants for

such posts. He could scarcely help remarking, as they were all aware, that their Chairman was the distinguished upholder of the principle of the right man in the right place—[*cheers*]—that the best men could only be obtained by open competition. It was not open competition, but over competition that they had to fear. This brought him to the second remedy—that which government could not do, but which the profession could do for themselves, by uniting in a determination not to accept a remuneration inadequate to the services they were called upon to perform.

Mr. E. HART (St. Mary's) seconded the resolution in an able speech. The present rate of pay to medical men under the Poor-law entirely precluded a proper supply of medical comforts to the poor. It was true the profession might refuse to accept office at all, and there were many and valid reasons why they should do so, why, in fact, they should "strike." But there were many and more valid reasons why they should not. The profession of a medical man was not like a trade or any other profession. If a man took a brief to a barrister he could refuse it if he thought that the fee was not equal to his deserts. But a medical man could not act thus. It was not a customer that came to his door; it was pain and suffering, which he felt it was his duty to mitigate, although he knew that he should receive no remuneration for his care and attention. The profession dare not neglect their duty to alleviate human suffering, but they could and ought, while conscious of their rights, insist upon immediate redress. Public duties were public rights, and he maintained that those duties should be made worthy the acceptance of those who had to perform them. The medical students of the kingdom were deeply interested in the question of these public appointments, for they would one day be members of the profession; and such being the case, he called upon them to prepare themselves for an arduous struggle during the next Parliament, and there would be no fear of winning in the end. [*Cheers.*]

The resolution was carried unanimously.

Mr. J. G. BARFORD (St. Bartholomew) moved the third resolution—

"That the supervision of their labours, and the arbitration of all questions affecting their interests and their reputation, are most improperly referred to unprofessional persons, for the most part ill fitted for such functions."

He thought the profession had submitted to the yoke of oppression for several years, because they had not had the privilege to assert their rights; he therefore hoped that the present movement would be followed up, until Poor-law Medical officers were placed in the position which they were entitled to occupy. One thing seemed to him desirable, and that was, that a distinguished member of the profession should be connected with the Poor-law Board to superintend the department of medical relief.

Dr. BAKEWELL (Middlesex) said he was, to some extent, fitted to second the resolution, from having himself witnessed the bad effects of submitting professional questions to non-professional men. Until last Christmas, he had the misfortune to be a Poor-law Medical officer, for some time, under a country Board of Guardians. They were probably aware what country Boards of Guardians were; farmers, very large persons with very small heads [*laughter*]; exceedingly jolly fellows, who would treat you with unlimited cigars and brandy and water if you went to their houses, but horrid screws when they got upon Boards. He would give an instance of the way in which they acted. He was appointed medical officer to the workhouse for the paltry salary of £30 a year, for which he attended 112 patients, supplied them with medicines, and performed operations. The house diet consisted of ten ounces of bacon in the week, with soup, skilly, cheese, and bread, but no beer. After he had been there a fortnight, he was appealed to by several women with infants at the breast, who were suffering from hyperlactation in consequence of insufficient diet. In his simplicity he put them on a meat diet, and to one of them he actually had the audacity to give beer. In a few weeks he received a note from the chairman, asking whether he was not aware that one of the women was unmarried, and that her child was a bastard; and did he think he was doing right in encouraging immorality? [*Laughter.*] Some correspondence passed upon the subject, and, as he would not acknowledge the right of the Board to dictate to him, a complaint was made to the Poor-law Board. He was represented as an insubordinate officer, who was actually giving a premium to prostitution; and the end of it was, that he was requested to resign his appointment, because he gave women meat who were suffering from hyperlactation. [*Shame.*]

The resolution was carried unanimously.

Mr. A. E. DURHAM (Guy's) moved the fourth resolution:—

"That since the grievances set forth not only affect the character and privileges of a large class of professional men, but closely touch the medical care and wellbeing of the suffering poor throughout the kingdom, they call for immediate redress, and are well deserving the attention of Parliament."

Mr. DURHAM submitted that success depended not so much upon individual effort as upon a general movement of the profession. The proposal to appeal for redress to Parliament was a course which he approved, and on two grounds—on the ground, as stated in the resolution, that the present system of appointing Poor-law medical officers was inimical to the character and interests of the profession, and also on the ground that it affected the care and wellbeing of the poor.

Mr. T. SMITH (Manchester) seconded the resolution; and assured the meeting that the students of the Manchester School of Medicine were ready to support the movement in every way.

The resolution was carried unanimously.

Mr. W. P. SWAYNE (King's College) moved the fifth resolution:—

"That the present Committee of Delegates, representing the students of England, be requested to continue to act in their names, with the view of obtaining petitions, collecting funds, and taking such further steps as may seem desirable."

The resolution was seconded by Mr. J. R. HAYWARD (Bristol). The students of the Bristol School would not be backward in giving their support.

Mr. W. M. ORD (St. Thomas's) moved the sixth resolution:—

"That petitions be signed by the students of every medical school in England, and arrangements made for their presentation in the most fitting time and manner."

Mr. BINGLEY (York) seconded the resolution, which was carried unanimously.

Mr. ROBERTS (St. George's) moved the seventh resolution:—

"That this meeting desires to express its high appreciation of the valuable services rendered by Richard Griffin, Esq., in initiating a great professional movement, and offers to him the assurance of its sympathy and the promise of its aid."

Mr. H. SOULBY (Hull) seconded the resolution in an energetic speech, which was loudly applauded.

The resolution was carried amid great applause.

Mr. GRIFFIN, jun., acknowledged the compliment on behalf of his father. He stated that upwards of 500 medical officers in the kingdom had enrolled themselves members of the Poor-Law Medical Reform Association; that in 1855, 290 medical officers threw up their appointments in disgust; and last year, although the offices were made permanent, 249 threw them up. This fact alone, he remarked, was evidence of the wide-spread dissatisfaction which existed, and of the necessity there was for a combined and determined effort to obtain redress. He called on those present to show to the world that they were determined to be unanimous. [*Cheers.*] Let them be like a bundle of sticks, and nothing could break them. The Poor-law Board took them at present, and snapped them one by one; whereas, if they were equal to the dignity of their profession, such a mode of dealing with them would be impossible. Let them throw away their petty jealousies, and not be so ready to take each other's appointments, and they would soon place themselves in a proper position. [*Cheers.*]

Mr. LAKE (Westminster Hospital) moved a vote of thanks to the chairman. He said that the name of Layard throughout Europe was synonymous with perseverance, and they opened their first campaign under very able generalship. [*Loud cheers.*]

The resolution was seconded by Mr. DOWN (London Hospital); and, when put to the meeting, was carried amidst loud and prolonged cheering for several minutes.

Mr. LAYARD, in replying, expressed his most sincere thanks for the very gratifying manner in which his name had been received. He trusted that that meeting would not end idly, but that in the next Parliament they would be able to achieve success. Their cause was just, and they need not fear. He hoped to be ready to receive their petitions during the next session. [*Loud cheering.*]

MEDICAL SOCIETY OF LONDON. At the meeting this evening (Saturday), Mr. Gamgee will demonstrate specimens of diseased meat publicly exposed and sold for human food in the London markets.

TO CORRESPONDENTS.

CHANGE OF ADDRESS OF THE EDITOR. From the 25th instant, letters and communications for the Journal should be sent to Dr. WYNTER, at Colehurne Court, Old Brompton, London, S.W.

TO CONTRIBUTORS. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

NOTICE.—DR. WYNTER will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. THOMAS JOHN HONEYMAN, 37, Great Queen Street, Lincoln's Inn Fields, London, W. C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

WE have received Dr. TILT'S note, and are obliged for his suggestion, which we shall bear in mind.

ARMY MEDICAL REFORM. In our leader of last week upon Army Medical Reform, the fourth line read thus: "The medical department of the army should be governed by a medical officer or field inspector, who should be always in advance with the commissary general." There are one or two unintentional errors in this sentence, it should have read thus: "The medical department of the army should be represented by a field inspector or medical officer of health, in the field, who should be always in advance with the Quarter-Master General."

Communications have been received from:—MR. STONE; MR. HOLMES COOTE; DR. MARKHAM; DR. HAYES JACKSON; DR. RADCLYFFE HALL; DR. TILT; MR. JOHN KITCHING; DR. J. C. HALL; MR. GAMGEE; DR. C. HANDFIELD JONES; DR. COCKLE; MR. T. HOLMES; MR. MORELL MACKENZIE; MR. CHARLES COATES; DR. GARROD; SIR CHARLES HASTINGS; and MR. JOHN BURROWS.

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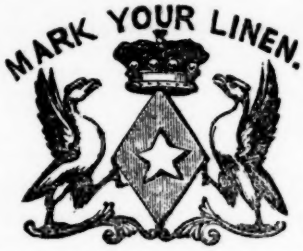

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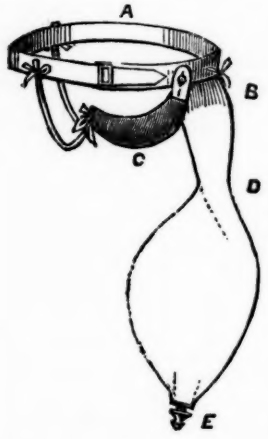

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